

KUBO'S SERVICE CENTER
15595 WASHINGTON AVE.
SAN LORENZO, CA 94580
278-1420

Dear Mr. Howell:

Regarding my plan of correction for the property at 14994 E. 14th St., I have included the final soil report and manifests per your request. All five steps of my plan of correction have now been ~~completed~~ including well?

I am requesting that the manifests be returned to me for future litigation involving wood oil correction.

As stipulated in my first correspondence, your immediate acknowledgement in a clean soil document mailed to me is of great urgency. This final and very vital acknowledgement will liquidate my funds held in escrow to begin construction at my new site of business. Your cooperation will be greatly appreciated.

Sincerely,

Bert

BERT KUBO

RECEIVED
JAN 2 1987

HAZARDOUS MATERIALS/
WASTE PROGRAM



DATE: 1/16/87

LOG NO.: 4374

DATE SAMPLED: 1/15/87

DATE RECEIVED: 1/15/87

CUSTOMER: Atlas Hydraulic Corporation

REQUESTER: Bob Corsun

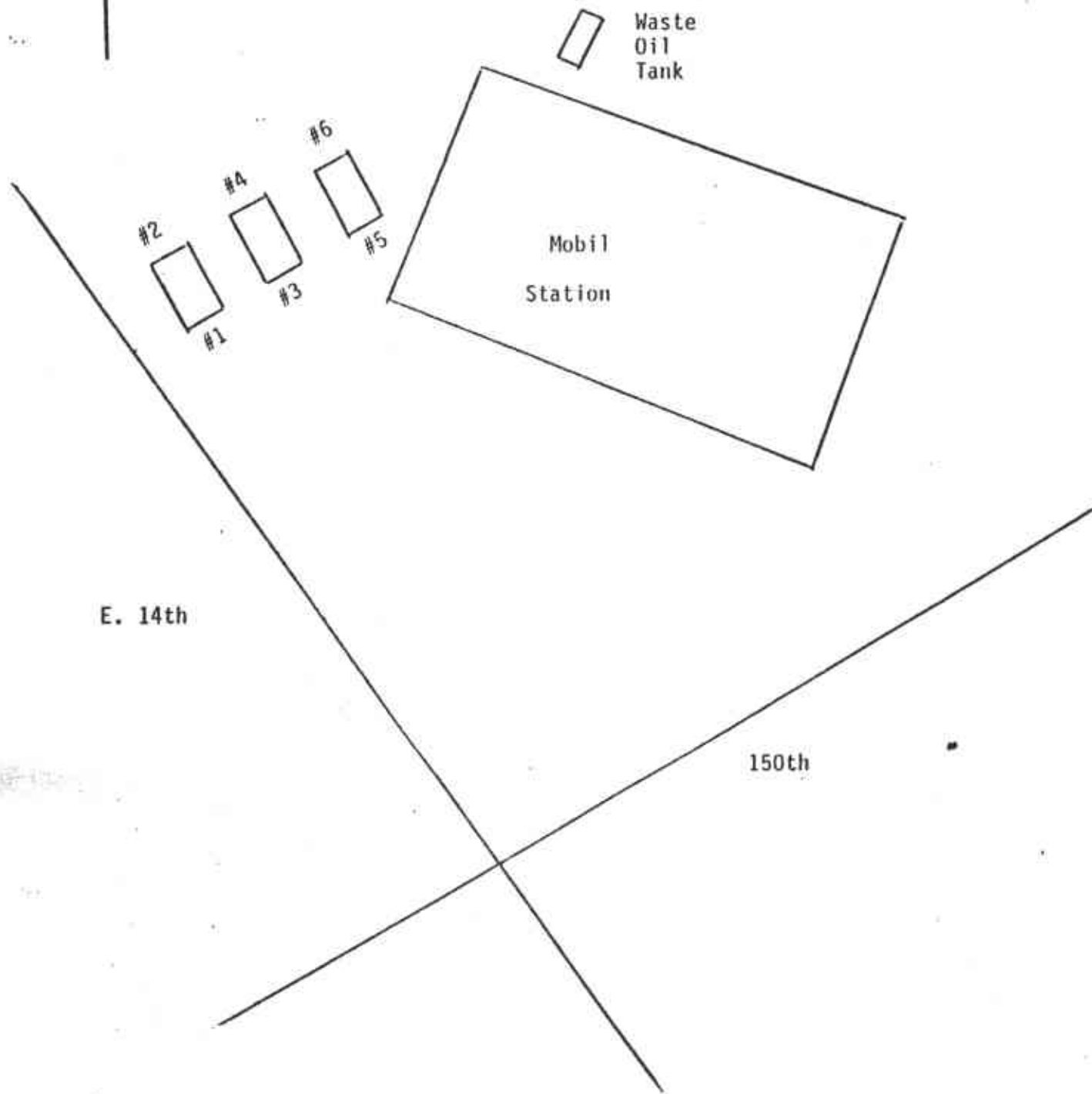
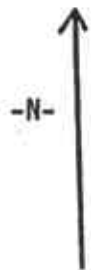
PROJECT: Mobil, San Leandro
14994 E. 14th St East

<u>Sample Type</u>	<u>Sample</u>	<u>Volatile Hydrocarbons</u>	<u>Benzene</u>	<u>Toluene</u>	<u>Xylene</u>
<u>Soil</u>		<u>mg/kg</u>	<u>mg/kg</u>	<u>mg/kg</u>	<u>mg/kg</u>
	Location #2, 17 1/2'	53	< 0.2	< 0.5	1.1
	Location #4, 17 1/2'	27	< 0.1	< 0.2	0.52

for Touin DasPari
Susan R. Setzer
Assistant Laboratory Director

SRS:mln

SITE DIAGRAM, MOBIL , SAN LEANDRO



Waste Management, Inc.

• P.O. Box 1104
CA. 93210

WORK ORDER
P. U. C. T 75-669

OUR RADIO DISPATCHED SERVICE

WORK ORDER NO: **50045**

State of
Flea

Kubo Mobil Station

Date **1-16**, 19**89**

14994 E 14th St SAN LEANDRO, CA

Truck No **1565** Size _____ Bbls.

Your Req. No. _____

Vac. Flat Bed Roll off

3451 END DUMP

TIME ON JOB

LOADING TIME

a.m. _____ a.m. _____ Total Hours _____

Start **700** ^{a.m.} p.m. Finish **800** ^{a.m.} p.m. Total Hours _____

Time: From _____ p.m. to _____ p.m.

UNLOADING TIME

a.m. _____ a.m. _____

Start _____ a.m. p.m. Finish _____ a.m. p.m.

Time: From _____ p.m. to _____ p.m.

QUANTITY	LOADED AT	DELIVERED TO
		CWMI FACILITY KETTERMAN CITY CA
14 yds	HAZARDOUS WASTE Solid NOS ORM-E NA-9189	(ONE LINER)
		T.D. 702779 Sales Tax \$ _____

Driver _____ Hrs. Total Time @ \$ _____ = \$ _____

Received by _____ Total Price = \$ _____

State Hazardous Waste Hauler Registration No. 021 E.P.A. No. CAD003986718

Waste profile sheet no. **SFO 622638** Waste Manifest No. **86504356**

- Key this -

1/27/87
SJA

and Welfare Agency
(Form designed for use on a 12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CAD000319624**
Manifest Document No. **4401017**

2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BERTRAM Kubo
14994 E 14th San Leandro

A. State Manifest Document Number
86504356

B. State Generator's ID

4. Generator's Phone ()
5. Transporter 1 Company Name
CHEMICAL WASTE MANAGEMENT

C. State Transporter's ID **702779**
D. Transporter's Phone **209 932 3043**

6. US EPA ID Number **CAD00319624**
7. Transporter 2 Company Name

E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
CHEMICAL WASTE MANAGEMENT
35257 OD Skyline Blvd.
KELLERMAN City CA

10. US EPA ID Number **CAT01001616117**
G. State Facility's ID **CRT000646117**

H. Facility's Phone **209-386-1711**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
--------------------	------	--------------------	-----------------	---------------

a. **HAZARDOUS WASTE SOLID NOS**
ORM-E NA 9189

001	07	100	14	X 611

b.
c.
d.

J. Additional Descriptions for Materials Listed Above
Profile # SFO G22638

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Wear protective clothing

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name
BERTRAM Kubo

Signature
Month Day Year
10/1/687

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
Phillip MONToya

Signature
Month Day Year
10/1/687

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name

Signature
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name

Signature
Month Day Year

86504356

KING

93656

No 002171

Date

1-16 1987

ck No.

Level Capacity of Body

Cubic Yards Tons

CONSIGNEE

Chem Waste mgnt.

ADDRESS

ADDRESS

PRECISE POINT OF ORIGIN

PRECISE POINT OF DESTINATION

Dump Trucks - P. U. C. hr. rates in excess of 15 minutes

Kind of Material	Weight Tag Number	Weight of Shipment	PLANT				DUMP	
			PLANT		DUMP			
			ARRIVE	DEPART	ARRIVE	DEPART		
Solid Waste			830	930				

Manifest # 86504358

SFO 622638

START DED. END TOTAL

RATE CHARGES \$

RECEIVED BY (CONSIGNEE)

DRIVER'S SIGNATURE

WE MAKE DELIVERIES INSIDE CURB LINE AND ON THE LOT AT CUSTOMER'S RISK ONLY AND ACCEPT NO RESPONSIBILITY WHATSOEVER FOR DAMAGE RESULTING FROM SUCH DELIVERIES.

A late payment "finance charge" of 2% per month (annual percentage rate: 24%) will be assessed on the total past due balance on the next statement.

Same AS
4316

Agency
signed for use on elite (12-pitch) typewriter.)

**HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 2		Information in the shaded areas is not required by Federal law.	
Generator's Name and Mailing Address						A. State Manifest Document Number 86504358	
4. Generator's Phone ()						B. State Generator's ID	
5. Transporter 1 Company Name			6. US EPA ID Number			C. State Transporter's ID	
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone	
9. Designated Facility Name and Site Address			10. US EPA ID Number			E. State Transporter's ID	
						F. Transporter's Phone	
						G. State Facility's ID	
						H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a.				1	10	Y	611
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional information							
<p>16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.</p> <p>Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.</p>							
Printed/Typed Name				Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
Printed/Typed Name				Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name				Signature		Month Day Year	

GENERATOR

86504358

FACILITY

JIM C. CHISM TRUCKING

Box 755 • Riverdale, CA 93656
209/867-4854

NO 002318

P.U.C. T-126,725

Bill To <i>Chemical Waste Management</i>		Date <i>1/16/97</i>
Purchase Order No. <i>413924</i>	Truck No. <i>C-10</i>	Level Capacity of Body <i>15</i> Cubic Yards Tons
SHIPPER <i>Mobil Oil Co.</i>	CONSIGNEE <i>Chemical Waste Mgmt</i>	
ADDRESS <i>San Leandro, Ca.</i>	ADDRESS <i>Kettleman City Ca.</i>	
PRECISE POINT OF ORIGIN <i>San Leandro Ca.</i>	PRECISE POINT OF DESTINATION <i>Kettleman City Ca.</i>	

Kind of Material	Weight Tag Number	Weight of Shipment	Dump Trucks - P. U. C. hr. rates in excess of 15 minutes			
			PLANT		DUMP	
			ARRIVE	DEPART	ARRIVE	DEPART
<i>Dirt</i>			<i>9:00</i>	<i>9:30</i>		
<i>Manifest # 86504359</i>						
<i>Profile # SFO 672638</i>						

START	DED.	END	TOTAL
RATE		CHARGES \$	
<i>[Signature]</i>		<i>Bob McOliver</i>	
RECEIVED BY (CONSIGNEE)		DRIVER'S SIGNATURE	

WE MAKE DELIVERIES INSIDE CURB LINE AND ON THE LOT AT CUSTOMER'S RISK ONLY AND ACCEPT NO RESPONSIBILITY WHATSOEVER FOR DAMAGE RESULTING FROM SUCH DELIVERIES.
A late payment "finance charge" of 2% per month (annual percentage rate: 24%) will be assessed on the total past due balance on the next statement.

SAME AS 4356

Agency
for use on elite (12-pin typewriter.)

HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 3		Information in the shaded areas is not required by Federal law.	
Generator's Name and Mailing Address						A. State Manifest Document Number 86504359			
4. Generator's Phone ()						B. State Generator's ID			
5. Transporter 1 Company Name			6. US EPA ID Number			C. State Transporter's ID 102681			
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 916-441-1111			
9. Designated Facility Name and Site Address			10. US EPA ID Number			E. State Transporter's ID			
						F. Transporter's Phone			
						G. State Facility's ID AT 101-1117			
						H. Facility's Phone 916-441-1711			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a.					No. Type				
					903 RT		10914 Y		611
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
Waste # 71-22-38									
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name				Signature				Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	

Generale's Mobile Business Forms, Inc. 401

YELLOW GENERATOR RETAINS