FOX PLAZA 1390 MARKET STREET, SUITE 1204 SAN FRANCISCO, CA 94102-5306

> TELEPHONE: (415) 554-0200 FACSIMILE: (415) 522-0513

December 3, 1999

eva chu
Hazardous Materials Specialist
Alameda County Health Agency Care Services
Environmental Health Services
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Re: 4629 Martin Luther King Jr. Way, Oakland

Dear Ms. chu:

Enclosed per your request are the following documents regarding the soil removal at the above-referenced property:

- 1. Invoice from North American Dirt Solutions addressed to Tridib Guha
- 2. Seven (7) BFI Non-Hazardous Special Waste Manifests

If you need anything further, please contact me. Thank you.

Sincerely yours,

Lynn M. Nightingale

Enclosures

00:0 dd L-03056

NORTH AMERICAN DIRT SOLUTIONS 408-369-0444 100 CRISTICH LANE SUITE K CAMPBELL, CA 95008

TEACH BY THE

TO:

11044007

ADV. ASSESSMENT AND REMED.

ATTN: TRIDIB GUHA

2380 SALVIO ST. STE. 202 CONCORD, CA 94520-2137

DES	CRIPTION			AMOUNT
TRUCK TIME LOADER	1.00		82.50 825.00	\$1,815.00 \$825.00 \$2,748.64
DISPOSAL SOIL	113.58	TONS	24.20	\$2,

SITE: 47TH & MARTIN LUTHER KING

OAKLAND

NADS JOB# 3721

NET 10 DAYS

\$5,388.64

NET DUE



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I	ator completes all of Section II
1 ,	Generating Location: 40:59 1968 J. M.
<u> </u>	•
c. Address $\frac{1111000}{00000000000000000000000000000$	CARLAID CI
e. Phone No.: If owner of the generating facility differs from the generator, provide:	Phone No.:
	Owner's Phone No.:
	TYPE
i. BFI WASTE CODE CA 405 061 / 60	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG BA - 6 MIL. PLASTIC BAG
j. Description of Waste: 150CK 25.	k. Quantity Unds No. TYPE BA - 6 MIL. PLASTIC BAG OF THER TOWNAP TOWNAP OF THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously	P - POUNDS tricted hazardous waste subject to the Land Disposal ne requirements of 40 CFR Part 268 and is no longer a Shipment Date P - POUNDS Y - YARDS Y - YARDS O - CUBIC METERS Y - CUBIC YARDS O - OTHER
Section II TRANSPORTER (Generator of	mplete a.d; Transporter I complete e-g.)
TRANSPORTERI	TRANSPORTER II
a. Name: OBRA JUCKING	h. Name:
b. Address: VO UOX 243.55	i. Address:
DAM FRANCISM	***
c. Driver Name/Title: (C), C PRINT/TYPE	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: 313-15515 e. Truck No.: 6.50	k, Phone No.: 1. Truck No.:
f. Vehicle License No/State: 96 32535	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Carlotte Shipment Date	n
Section III DESTINATION (Generator com	pletes a d destination site completes e-1.1
a. Site Name: SF L VASC	c. Phone No.: 125 447 CA71
b. Physical Address: VASCO (21)	d. Mailing Address 4001 VASO KD
m	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the I	pest of my knowledge the foregoing is true and accurate.
Me	্ ^{টিট} ক্রিকেসকল
f. Name of Authorized Agent Signature	Recoipt Date WT 15.62 tu
Section IV ASBESTOS (Generator com	olete a.d., f., g., Shipper, completes e.)
a. Shippers's Name:	b. Shippers's* Phone No.:
c. Shippers's* Address:	
d. Shippers's Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully a marked, and labeled/placarded, and are in all respects in proper condition for transport a	nd accurately described above by proper shipping name and are classified, packaged, according to applicable international and national governmental regulations
e. Shippers's* Name & Trtle:	
t Name and Address of Responsible Agency	Shippersis Signs ure Dá e
g Frable, Non-frable, Both 6-6-frable	
* Shipper refers to the company which can't reases lope ales controls or supervises the	facility being de no ished or lengue ed loring demolition of randual on operation of opin

BFI

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

Section 12 GENERATOR GO	critor completes all of Section I)
a. Generator Name: ADVANCED ASSESS MENT b.	Generating Location: 4629 HILK JR CITIS
Address \$ 2380 SALVIOST. STE 20	Address:
CONCORD	OAKMAND (A
000 3/2 1600	Phone No.:
owner of the generating facility differs from the generator, provide:	,
g. Owner's Name: h	. Owner's Phone No.:
BFI WASTE CODE . CA 405 061700	CONTAINERS DM - METAL DRUM DP - PLASTIC DRUM B - BAG
i. Description of Waste: BULK SOIL	k Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
	/8 Y O I TT T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is namy applicable state law, has been properly described, classified and packaged, an applicable regulations; AND, if the waste is a treatment residue of a previously reference in a coordance with hazardous waste as defined by 40 CFR Part 251.	etricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generality	Transporter f complete e.g. complete a-d. Transporter II complete h-n.)
TRANSPORTER I	TRANSPORTER II
a Name: COBRA TRUKING	h. Name:
b. Address; PO BOX 24533	i. Address:
SAN FRANCISCO	
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No / State	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
199/19/1	1 n
Driver Signature Shipment Date Section : III. DESTINATION General of Control	Driver Signature Shipment Date Impletes a-d/destination site completes-e-f.)
Per T 1/ACID	90-117 0491
site Name: 17 1 1/15/2019	c. Phone No.: 1/2 177 0111
b. Physical Address: Y/T-Y(/	d. Mailing Address
e. Discrepancy Indication Space:	a best of my knowledge the foregoing is true and accurate.
jf	SCALE # 1137632
·	27 4.93 tus
Name of Authorized Agent Signature	Receipt Date
Section TV ASBESTOS (Generator co	mplete's-d, t, g: Shipper': completes e)
a. Shippers's* Name:	b. Shippers's* Phone No.:
c. Shippers's* Address:	
d. Shippers's Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport	and accurately described above by proper shipping name and are classified, packaged according to applicable international and national governmental regulations.
e Shippersis' Name & Tide	Shippers s Signative Osie
Pnn,Type f Name and Address	Signer of original of
of Responsible Agency	
g 🗌 Fnable, 🗍 Non triable, 📗 Both % fnable	% nontrable
* Shaper refers to the company which owns leases, operates controls or supervises	f the facility being demolished or renovated, or the demolition or renovation operation or both
and the second of the second o	

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section (Generator)	nor completes All of Section 11-20%
a Generator Name: ADVANCED ASSIMENT b.	Generating Location: 4629 MLK JR INAY
c. Address 2380 SALVID 87 STI 202 d.	Address:
	OAKLAND CA
e, Phone No.: 925 368 /999 1.	Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:h.	Owner's Phone No.:
BFI WASTE CODE CA 405 061780	O2107 Containers DM-METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: BULK SOIL	k. Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG of WRAP T T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	is in proper contained in the interest and inspectal interest hazardous waste subject to the Land Disposal in requirements of 40 CFR Part 268 and is no longer a Part 268 and is no longer a CUBIC METERS CUBIC YARDS O - OTHER
Section II (Generator of	Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a Name: ORRA TRUCKING	h. Name:
b. Address: PO Box 24533	ı. Address:
SAN FRANKISCO	
c. Driver Name/Title: how'r S 17xq.	j. Driver Name/Title: 12 PRINT/TYPE
d. Phone No.: 650-259-9/35 e. Truck No.: E. 75	k. Phone No.: I. Truck No.:
1. Vehicle License No./State: 9A41893	m. Vehicle License No./State:
Vehicle License No State: Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
151/51/9	
9. Shoment Date Driver Signature Shoment Date	Driver Signature Shipment Date
<u> </u>	pletes a-d, destination site completes a-t)
a. Site Name: BFI VASCO	_ c. Phone No.: 123 44 1 CA71
b. Physical Address: VASCO RD	d. Mailing Address 4001 VASIC AD
	LIYERLINGE
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
	1) Scale # 1137672
1	Receipt Date
Name of Authorized Agent. Signature Section IV: ASBESTOS (Generator con	nplete e-d, I, g. Shipper; completes e.)
Carlotte Service Commence Service Serv	
a. Shippers's* Namè:	_ ' ''
c. Shippers's* Address:	
d. Shippers's Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully marked, and labeled/placarded, and are in all respects in proper condition for transport	and accurately described above by proper shipping name and are classified, packaged, according to applicable international and national governmental regulations.
e Sh.ppers's' Name & Title	Shippers s Signature Dale
f Name and Address of Responsible Agency	
g Trable, Non-frable, Both % frable	% nonfriable
 Shipper refers to the company which owns leases operates, controls or supervises. 	ne facility being demoisned or renovated, or the demolition or renovation operation, or both

BFI

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

	tor complete all of Section (I)
a. Generator Name: ADVANCED 1-555-55 MENT b.	Generating Location: 4679 MIX JR WAY
c. Address 2380 SALVID ST 202 d.	Address:
(BNORD /A	CAKIAND CA
976 867 41000	Phone No.:
If owner of the generating facility differs from the generator, provide:	•
g. Owner's Name:h.	Owner's Phone No.:TYPE
i. BFI WASTE CODE CA 405 061700	02/07 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: BUKK SOTL	Quantity Units No. TYPE BA - 6 MIL PLASTIC BAG of WRAP OF THER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not	a hazardous waste as defined by 40 CFR Part 261 or
any applicable state law, has been properly described, classified and packaged, and applicable regulators; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	is in proper condition for transportation according to ricted hazardous waste subject to the Land Disposal e requirements of 40 CFR Part 268 and is no longer a Y - YARDS - CUBIC METERS Y - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II	Transporter i complete e-g mplete a-d, Transporter il complete h-n
TRANSPORTER I	TRANSPORTER II
a Name: COURA TRUCKING	h. Name:
b. Address: <u>VO Sox</u> 24533	i. Address:
SAN FRANCISCO	
c. Driver Name/Title: GARY SecTT	j. Driver Name/Title:
d. Phone No.: 415 - \$7\$ - 1\$72e, Truck No.: 90	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 9 8 12 5 8 2	m. Vehicle License No /State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
8. 12 Seat 61899	n
Deser Senature Shipment Uate	Driver Signature Shipment Date pletes a-d, destination site completes e-1)
315 18015	CITE 817 0491
VACED OLAD	c. Phone No.: 123 44 / VI
b. Physical Address: VASCO ROAD	d. Mailing Address COT PASC (23)
/	Zi . Cartonz (A
e. Discrepancy Indication Space:	A second converte
I hereby certify that the above named material has been accepted and to the l	FV FV 5cole # 1137699
f. Name of Authorized Agent Signature .	Receipt Date (U+. 18.04 + 4.5
Section IV ASBESTOS (Generator com	plete a-d.1, g, Shipper_completes e.)
a. Shippers's* Name:	b. Shippers's* Phone No.:
c. Shippers's* Address:	
d. Shippers's Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully a marked, and labeled/placarded, and are in all respects in proper condition for transport	and accurately described above by proper shipping name and are classified, packaged according to applicable international and national governmental regulations.
e Shippers's' Name & Title	
Shippers's Name & Title Phi/Type Name and Address of Responsible Agency	Shippers's Signalure Dale
g Fnable, Non-fnable, Both % fnable	
	e facility being demokshed or renovated or the demokron or renovation operation to both



If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section (m. Company General Company Company (Company Company (Company Company	
a. Generator Name: AD VANGED ASESSMENT b. Generating Location: 4629 MLK	B WAY
c Address 2380 SALVID STE 202 d. Address:	<u> </u>
CANCORD, CA OAKLANU (A)	
e. Phone No.: 925 4369 1919 f. Phone No.:	
If owner the generating facility differs from the generator, provide:	
g. Owner's Name: h. Owner's Phone No.:	TYPE
	ETAL DRUM ASTIC DRUM
P. 11 V SOTT	
1. Description of traste.	OF WRAP
	THER UNITS
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to P - PC	OUNDS ARDS
Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a M - CI	UBIC METERS
	THER
Generator Authorized Agent Name Signature Shipment Date	*
Section II Transporter I complete e-gr	BANK SAN
; TRANSPORTER II TRANSPORTER II	*
a. Name: COBRA TRUCKTNG h. Name:	
b. Address; YO BOX 24533 i. Address:	
SAN FRANCISCO	
c. Driver Name/Title: PRINT/TYPE PRINT/TYPE	عبيت دستوني ي _ الأ
d. Phone No.: I. Truck	(No.:
f. Vehicle License No/State: 1532335 m. Vehicle License No/State:	
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials.	
g. Driver Stonehus Driver Signature Driver Signature	Shipment Date
Section III: DESTINATION (Generalor completes a-d, destination site completes e-f.)	
a. Site Name: 3FT VASCO c. Phone No.: 725 447 (49)	
h Physical Address: VASCD GOAD d. Mailing Address 4001 VASCO #	
LIVERVIORE	<u>-</u>
e. Discrepancy Indication Space:	·
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
les Mary Scale #	1137754
f. Name of Authorized Agent Signature Receipt Date W-t.	21.98 7005
Section_IV ASBESTOS (Generator complete a.d., f. g. Shipper, completes e.)	
a Shippers's Name: b. Shippers's Phone No.:	
c. Shippers's* Address:	
d. Shippers's Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and a marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental re-	re classified, packaged, gulations.
e Shippersis* Name & Title Shippe sis Signature Shippe sis Signature	
Phin/Type Shippe sis Signature f. Name and Address	Daie
of Respons ble Agency	
g 🗔 Fnable, 🗌 Non-fnable 🗋 Both % fnable % nonfnable	a
* Shipper refers to the company which owns, leases, operates, confrols, or supervises the facility being demonshed or rehoval or the demonstron or renoval.	•
BEODDER ON VITHEOUGH RELISTANDARD REGISTER CONTRACT GENERATOR RETAIN	250-7208 1/98

If wastg is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section 19 Section 19 GENERATOR (Generator completes at a Section 1)
a. Generator Name: AOVANCED ASSESSMENT b. Generating Location: 4629 MLK JR 111A7
7387 SN VTO STC 202 d. Address:
CANCERD CA MAKLAND CA
e. Phone No.: 975 363 1999 1. Phone No.:
If owner of the generating facility differs from the generator, provide:
g. Owner's Name: h. Owner's Phone No.:
i. BFI WASTE CODE
Description of Waste: BULK SOIL k. Quantity Unis No. TYPE BA - 6 MIL PLASTIC BAG or WRAP
1/8 X OI T TRUCK OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Participant of the Land Disposal Applicable regulations; AND, if the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a CUBIC MARDS OF CUBIC YARDS OF CU
Generator Authorized Agent Name
Section 11 TRANSPORTER: (Generator complete a-d: Transporter if complete in in) TRANSPORTER I TRANSPORTER II
TRANSPORTER I ORCA INC. h. Name:
(Value 1) (Value 1) (Value 1) (Value 1) (Value 1)
D. Address:
C. Briver Name/Title: PRINT/TYPE PRINT/TYPE PRINT/TYPE I. Truck No.: I. Truck No.:
d. Hollo Hot
f. Vehicle License No./State:
g. ** Shipment Date
Driver Signature DESTINATION: (Generator completes a-d; destination site completes e-f.):
a. Site Name: XI VASCO c. Phone No.: TX 3 447 (49)
d. Mailing Address 400 VASCO RO
1-1 VERPIRE
e. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Sale # 113777C
Name of Authorized Agent Signature Receipt Date W.T. 18.75
Section IV: ASBESTOS (Generator complete a.d. 1, g. Shipper completes e.)
a. Shippers's* Phone No.:
c. Shippers's* Address:
d. Shippers's Special Handling Instructions and additional information:
CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.
o Shippare s' Name & Title
e Shippers's Name a title Philitype Shippers's Signature Date f Name and Address
of Responsible Agency
g
Shipper refers to the company which owns leases, operates, controls, or supervises the facility being demol shed or renovated, or the demolition or renovation operation or both
♠

BFI

Frable, Non-frable,

REDADER ONLY THROUGH BEJUAPCO CONTRACT

☐ Both

% friable _

GENERATOR RETAIN

Operator refers to the company which owns leases, operates controls or supervises the facility being demoished or renoveled or the demo

°e ponfriable

1205 7205 8 76

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No.40325 If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. Section III 202 c. Address: CH Phone No. e. Phone No. If owner of the generating facility differs from the generator, provide: g. Owner's Name: Owner's Phone No. TYPE DM - METAL DRUM Containers DP - PLASTIC DRUM B - BAG i. BFI WASTE CODE BA - 6 MIL. PLASTIC BAG Nρ TYPE Description of Waste: or WRAP - OTHER UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as **POUNDS** any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - YARDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal M³ - CUBIC METERS Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a **CUBIC YARDS** hazardous waste as defined by 40 CFR Part 261. 0 OTHER Generator Authorized Agent Name Signature Shipment Date A STATE OF S Section II TRANSPORTER (Genegator complete a-d: Transporter II complete a-g:) TRANSPORTER II TRANSPORTER I h. Name: i. Address: h. Address r {. j. Driver Name / Title: c. Driver Name / Title: PRINT/TYPE e. Truck No.: £ k. Phone No.: I. Truck No.: m. Vehicle License No. / State: Vehicle-License No. / State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Shipment Date Driver Signature DESTINATION GO Section III tes a-d, destination site completes Mailing Address b. Physical Address: e Discrepancy Midication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. 1137849 7.97 tons Name of Authorized Agent Signature ASBESTOS (Generator complete a.d. f. g. Operator "completes e.) Section IV b. Operator's * Phone No.: a. Operator's * Name: c. Operator's * Address: d. Special Handling Instructions and additional information: OPERATOR'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 government regulations. e. Operator's Name & Title: Type f Name and Address of Responsible Agency .