



PORT OF OAKLAND

February 24, 1995

Barney M. Chan
Alameda County
Environmental Protection Division
1131 Harbor Bay Pkwy., #250
Alameda, CA 94502-6577

**SUBJECT: WORK PLAN FOR SUBSURFACE INVESTIGATION AT KEEP ON TRUCKING
370 - 8TH STREET IN OAKLAND, CALIFORNIA**

Dear Mr. Chan:

This letter is in response to your December 30, 1995 letter to the Port regarding the Keep On Trucking site (StID #3335). Enclosed please find a report for subsurface investigation near the site of the October 1994 underground tank removal. This work plan is being submitted with the modified submittal date of February 28, 1995 per our phone conversation on February 9, 1995.

I have also enclosed a copy of the soil disposal receipt for the soils excavated during the removal of the underground tank.

The maps you refer to in your December 30, 1994 letter have been corrected in this report. A map of the entire site is included in the report.

If you have any questions or need additional information, please call me at 272-1118.

Sincerely,

Susa Gates
Environmental Scientist

SG\jb

w/Enclosures

cc: Richard Padovani, Terminal Manager, Keep on Trucking Co. Inc., 370 - 8th Avenue, Oakland, CA 94606
Rich Hiett, SRWQCB, 2101 Webster St., 5th Floor, Oakland, CA 94612

w/o Enclosures

Jim McGrath
Neil Werner
Michele Heffes
Dariuoh Dastmalohi, Clayton, P. O. Box 9019, Pleasanton, CA 94566

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55 FEB 27 11 31 35
ALCO
HAZMAT



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 529875

GENERATOR (Generator complete a-f)

a. Generator Name: Part of Oakland b. Generating Location: Part of Oakland
 c. Address: 370 EQUINITY DRIVE d. Address: 370 EQUINITY DRIVE
OAKLAND CA 94612
 e. Phone No.: (510) 272-1355 / 272-1355 f. Phone No.: (510) 272-1355 / 272-1355

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	101	994	107	53	X
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 Containers: _____
 j. Description of Waste: Asbestos waste k. Quantity: 450 Units: 7 No.: 011 TYPE: _____
in 7 drums

TYPE	
DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	8 MIL. PLASTIC BAG or WRAP
T	TRUCK
O	OTHER

UNITS	
P	POUNDS
Y	YARDS
M ³	CUBIC METERS
Y ³	CUBIC YARDS
O	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 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 hazardous waste as defined by 40 CFR Part 261.

John Steiner Signature John Steiner Signature 10/19/98 Shipment Date
 Generator Authorized Agent Name _____

Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-j)

TRANSPORTER I
 a. Name: Environmental Investigations - Reno
 b. Address: 22910 Thunderbolt Ave
Hayward CA 94545
 c. Driver Name/Title: Paul E. P.
 d. Phone No.: (510) 261-9081 e. Truck No.: 12
 f. Vehicle License No./State: 4T20041 CA
 Acknowledgement of Receipt of Materials:
Paul E. P. Signature 10/19/98 Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator complete a-d, Destination site complete e-f)

a. Site Name: BFI c. Phone No.: (510) 447-0491
 b. Physical Address: 4001 North Vasco Road d. Mailing Address: SONIC
Livermore CA 94550

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.

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e-h)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 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: _____ Print/Type _____ Operator's* Signature _____ Date _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

GENERATOR RETAIN