October28, 1987



HAZARDOUS MATERIALS/ WASTE PROGRAM

Alameda County Health Agency Division of Hazardous Material Department of Environmental Health 470 27th Street Room 322 Oakland, CA 94612

Attention: Mr. Ariu Levi

RE 2425 Central, Alameda

Dear Mr. Levi;

One 10,000 gallon, one 6,000 gallon and two 750 gallon tanks will be pumped clean and triple rinsed with a hydroblaster to decontaminate. The residual product and effluent is handled by H & H Ship Service of San Francisco (EPA# 004771168) Samples to be taken by Blaine Tech Service of San Jose and analyzed on site by Anatech Laboratory of Santa Rosa. A copy of the written results and copies of the H & H manifests will be sent to our client, Mrs. Delucchi. The tanks were removed by Zaccor Corporation and disposed of at Eastern Alameda County Disposal Site as scrap.

Yours truly,

Gary Zaccor

WASTE MANIFEST CACIODODOSIGISTA /	Manifest ocument No.	9	of / is not r	equired	the shaded area by Federal law
3. Generator's Name and Mailing Address	0	A. Sta	te Manifest Docum	nent Num	ber 1
2425 CENTRAL AUE. ALAMEDA.		B. Sta	te Generator's ID		20.011
5. Transporter, 1/Company Name 6. US EPA ID Number	501	C. Sta	(A) (IO)O te Transporter's II		319181 X
7. Transporter 2 Company Name 8. US EPA ID Number 8. US EPA ID Number	11/68		nsporter's Phone te Transporter's ID	54	3-4830
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9. Designated/Facility Name and Site Address 10. US EPA ID Number		G. Sta	te Facility's ID	(T) 0	
220China BASIN		H. Fac	38 -	ΨΩ	11-178
SANFRANCISCO CA ICAIDOIDIATITI	1/16Q	inere	45 54 13 Total	14.	4835
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Туре	Quantity	Unit Wt/Vol	Waste No.
" WASTE Combustible liquid	4				State 13
NA 1993	901	TIT	01000	OG	EPA/Other
b .	1			7.	State
	l'ar	1	1111		EPA/Other
G.	1				State
	1.1	1	1111		EPA/Other
d					State
		ı	1 1 1 1		EPA/Other
OIL - GAS -WATER		C.		d.	
15. Special Handling Instructions and Additional Information		C.		"	
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15. Special Handling Instructions and Additional Information Gloves	per condition volume and nethod of trea nt; OR, if I am	d accur for tran toxicity atment, a smal	sport by highwa of waste genera storage, or dispo I quantity genera	above by according to the distribution of the	ling to applicable degree I have ently available to made a goo
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme name and are classified, packed, marked, and labeled, and are in all respects in projinternational and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the determined to be economically practicable and that I have selected the practicable me which minimizes the present and future threat to human health and the environment faith effort to minimize my waste generation and select the best waste management meters. Printed/Typed Name Signature	per condition volume and nethod of trea nt; OR, if I am	d accur for tran toxicity atment, a smal	sport by highwa of waste genera storage, or dispo I quantity genera	above by y accord ted to th osal curr itor, I ha can affo	ling to applicable degree I have ently available ve made a gooderd.
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Department of Health Services Toxic Substances Control Division

State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88)

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SAN FRAN	cisco;	CA 9410		d ID Number)	12. Conta	ainers Type	13. Total Quanti	14. Unit Wt/Vo	4 6 3 5 Waste N
WASTE	Com	BUSTAB	Le Li	DUID NO	S	777	4	D G	State 22
b. /			J. J						State EPA/Other
c.			* 7						State EPA/Other
d.		1		15.5°				<u> </u>	State
J. Additional Description	s for Materials Li	sted Above				K. Han	l	or Wastes L	EPA/Other
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18. Transporter 2 Acknown Printed/Typed Name		eceipt of Material		Signature	JA	· ·		9.1	Month Day
19. Discrepancy Indicati	on Space			1					
20. Facility Owner or Op	eveter Occide	on of receipt of b		ale covered by this m	anifest except	as noted	in Item 19		
20. Facility Owner or Of	Jerator Certification	on or receipt of ha	azaruous materia	no covered by time in	amost except	20 110160			Month Day