



Additional Soil Disposal information
 received after RWQCB approved the
 PACIFIC Case Closure Summary for
 ENVIRONMENTAL GROUP, INC. this site. A. Leech

RECEIVED
 30 DEC 22 PM 1:22

Date: December 19, 1995
 Project: 305-094.6A

To: Ms. Amy Leech
Dept. of Environmental Health
Alameda County Health Services
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

We have enclosed:

Copies	Description
1	Soil Disposal Documentation for 2724 Castro Valley Boulevard: Disposal (7-15-93) for 300 cy (200 cy estimate, SP-1,2,3) at BFI
	Disposal (9-17-93) for 144 cy (100 cy estimate,) at BFI
	Disposal (7-23-93) for approximately 70 cy (SP-7) at B and J
	Disposal (7-23-93) for approximately 30 cy (SP-6) at BFI

For your: Use
 Approval
 Review
 Information

Comments: As reported in the March 2, 1994 Excavation Report, the above soils were removed from site in addition to approximately 140 cy hauled to Laidlaw's Class I facility in Bakersfield during waste oil tank overexcavation activities. Therefore, combined with the 1500 cy of soil removed by Converse, at minimum, a total of 2150 cy of soil has been removed from site. Please call with any questions you may have.

Ross WN Tinline

cc. Mr. Jeff Granberry, Shell Oil Products Company



BROWNING-FERRIS INDUSTRIES

Remainder
See Attachment

SP1-SP-2
& SP-3

WCD No. SS 57768

CA 405 0714, 9357, 768
BFI WASTE CODE

WASTE EVALUATION REQUEST

BFI to complete this area.

BFI Initiator _____
Location _____
Company Number _____ Date _____
Telephone Number () _____
Action Requested: RCI - 24 Hour Response
 RCI, TCLP - 5 Day Response
 Other _____

Disposal Method Requested Working Face Daily Cover
 Other _____
Disposal Site Requested _____
Company Number _____ P.O. Number _____
Analyses Requested: TCLP RCI Oil Sheen
 TPH BTEX PCBs Other _____
Analyses To Follow: TCLP Other _____

WASTE CHARACTERIZATION DATA

UST Contaminated Soils

IMPORTANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE PARTY RESPONSIBLE FOR THE STORAGE TANK OR BY A REPRESENTATIVE OF THE PARTY TO BE INVOICED FOR DISPOSAL, IF DIFFERENT. PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. SINCE THIS FORM HAS BEEN ASSIGNED A UNIQUE WCD NUMBER, IT IS TO BE USED ONLY ONE TIME.

INSTRUCTIONS: This form is to be used only to describe contaminated soils that are not designated as hazardous waste by the USEPA offered to BFI for disposal resulting from the removal of underground storage tanks (UST) once containing gasoline, diesel fuel, heating oil or vehicle drain oil from non-industrialized areas such as service stations, automobile dealerships, residences and transport terminals. This form is not intended to be utilized to describe storage tanks and associated piping. If the waste is not described in Section 2a, then the BFI Special Waste Characterization Data (WCD) form must be used to identify the waste. This form must be typewritten or legibly printed in ink, and signed. Do not alter the content of this form.

1. GENERATOR INFORMATION

a) Generator's Name: Shell Oil CO.
b) Generating Facility Address: 2724 Castro Valley Bl.
City: Castro Valley State: Ca Zip: _____
c) Company Representative: Rhonda BARRICK / (Pacific)
Title: Staff Tech Company: PACIFIC ENV. GRUP
d) Emergency Contact: Same
Title _____

e) Customer's Name: Gradient Construction
f) Customer's Address: 2025 Gateway Pl. #440
City: San Jose State: Ca Zip: 95110
g) Telephone No. (408) 441-7500
After Hours No () same
Emergency No. () _____

2. GENERAL WASTE STREAM INFORMATION

a) Description of The Waste:
1) Soil contaminated with leaded gasoline
2) Soil contaminated with unleaded gasoline
3) Soil contaminated with diesel fuel
4) Soil contaminated with heating oil
5) Soil contaminated with vehicle drain oil
b) Type of facility generating the waste soil: Service Station
c) Anticipated Volume: ~200 Tons Cubic Yards Other _____
d) Is this a "Hazardous Waste" as defined by State or local Regulations? Yes No
If yes, enter the Waste Identification Number, if one has been assigned: _____
e) Is this a "Special Waste", an "Industrial Process Waste", or a "Pollution Control Waste" as defined by State or local Regulations?
 Yes No If yes, enter the Waste Identification Number, if one has been assigned: _____
f) Is this waste subject to the UST corrective action regulations under 40 CFR 280? Yes No
g) Recommended personal protective equipment and special handling procedures: Level D
h) Has a representative sample of the contaminated soil been provided to BFI for testing and evaluation? Yes No. If yes, complete the Representative Sample Certificate below.

BFI WASTE CODE

3. THIS WASTE CONTAINS

Note if the waste contains any of the following:

Do not check those identified with (*) if otherwise specified in Section 2.

- | | | | |
|---------------------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Free Liquids | <input type="checkbox"/> Dioxins | <input type="checkbox"/> Etiological Agents | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Free Cyanide | <input type="checkbox"/> Organic Solvents | <input type="checkbox"/> Pathogens | <input type="checkbox"/> PCBs not regulated by |
| <input type="checkbox"/> Free Sulfide | <input type="checkbox"/> Used or Waste Oils* | <input type="checkbox"/> OSHA Substances | TSCA 40 CFR 761 |
| <input type="checkbox"/> Free Ammonia | <input type="checkbox"/> Virgin Oils* | <input type="checkbox"/> Biological Materials | <input checked="" type="checkbox"/> None of the above |

If any of the above are checked, specify type (if applicable) and concentration in the waste: _____

4. SUPPLEMENTAL INFORMATION

- | | | | | |
|-------------------------------------------------|-------------------------------------|------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> MSD Sheets | <input type="checkbox"/> TCLP Data | <input type="checkbox"/> Additional Analytical Data | <input checked="" type="checkbox"/> Memo/Letter |
| <input type="checkbox"/> Other - describe _____ | | | | No. of Pages _____ |

5. GENERATOR'S CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of composition or properties exists, that all known or suspected hazards have been disclosed, and that the waste is not designated a Hazardous Waste by the USEPA or contains PCBs regulated by TSCA 40 CFR 761.

GENERATOR'S AUTHORIZED SIGNATORY:

AS AGENT FOR SHELL!

<i>7-14-93</i>	<i>Rhonda BARRICK</i>	<i>R. Barrick</i>	<i>Staff Clerk</i>	<i>R.B.</i>
DATE	PRINT NAME	SIGNATURE	TITLE	INITIALS

REPRESENTATIVE SAMPLE CERTIFICATE

This Section is to be completed by the person obtaining the sample of the above described waste, preferably a representative of the generator. DO NOT COLLECT OR SUBMIT SAMPLES THAT ARE RADIOACTIVE, SHOCK SENSITIVE, EXPLOSIVE, OR PYROPHORIC.

I certify that the sample identified below that is being forwarded to BFI for evaluation is representative of the waste described above.

Collector's Name: _____

(Peel Off Label)

Signature: _____

Company: _____

Title: _____

Telephone Number: () _____

SP 1, 2, 3

**DISPOSAL
CONFIRMATION
GRADIENT CONSTRUCTION, INC.**

Client: Shell
Project #: 305 94 01
Staton #: _____
Site Address: 2724 Castro Valley
City/State: Ca. Valley
Notify Date: ?
Drum #:CY ~200 actually 300
Geologist: CM
Disposal Facility: BFI
Disposal Date: 7-15-93
Disposal Cost: _____
Contact: _____
Phone #: _____
Fax #: _____
Hauler: Gradient Construction, Inc.
Contact: Brian Wetzsteon
Phone #: (408) 984-6536
Fax #: (408) 243-3911

TRAILER/DRUM/SPOILS SHEET

Requestor: Doug A
Proj. # or Client: Shell 305-9401
Site Address: 2724 Castro Valley Rd
Castro Valley

DATE 9-14-93

PITS I.D. # _____

Trailer

Gallons purged: _____
Steam-clean amt: _____
Well Dev. amt: _____

Silt placed on spoils pile? Yes / No

Any drums left at site? Yes / No
If Yes, amount: _____
If Yes, contents: _____

Transferred

From: _____ Trailer / Drum

To: _____ Trailer / Drum

Gallons transferred: _____
into _____ drums
(amt)

Drum Order

Ordered: _____

Delivery date: _____

Supplier: _____

Drums

Label #'s	Gallons	Contents	Date on Drum				
<i>Removed per customer</i>							

Spoils Pile

Date generated: 9-8-93

Approximate yardage: 100 yd

Covered with visqueen: Yes / No

Comments: _____



BROWNING-FERRIS INDUSTRIES

WCD No. SS 57762
CA 408, 091593, 5762
BFI WASTE CODE

WASTE EVALUATION REQUEST

BFI to complete this area.

BFI Initiator
Location
Company Number
Date
Telephone Number
Action Requested: RCI - 24 Hour Response
RCI, TCLP - 5 Day Response
Other

Disposal Method Requested Working Face Daily Cover
Other
Disposal Site Requested
Company Number
P.O. Number
Analyses Requested: TCLP RCI Oil Sheen
TPH BTEX PCBs Other
Analyses To Follow: TCLP Other

WASTE CHARACTERIZATION DATA

UST Contaminated Soils

IMPORTANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE PARTY RESPONSIBLE FOR THE STORAGE TANK OR BY A REPRESENTATIVE OF THE PARTY TO BE INVOICED FOR DISPOSAL, IF DIFFERENT PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

INSTRUCTIONS: This form is to be used only to describe contaminated soils that are not designated as hazardous waste by the USEPA offered to BFI for disposal resulting from the removal of underground storage tanks (UST) once containing gasoline, diesel fuel, heating oil or vehicle drain oil from non-industrialized areas such as service stations, automobile dealerships, residences and transport terminals.

1. GENERATOR INFORMATION

a) Generator's Name: Shell Oil Co.
b) Generating Facility Address: 2724 Castro Valley Bl.
City: Castro Valley State: Ca Zip:
c) Company Representative: Rhonda Barrick
Title: Staff Tech Company: Pacific Env. Grap
d) Emergency Contact: Same
Title:

e) Customer's Name: Gradient Construction
f) Customer's Address: 2025 Gateway Pl. #440
City: San Jose State: Ca Zip:
g) Telephone No. (408) 441-7500
After Hours No. () Same
Emergency No. (408) 554-7590 x 305

2. GENERAL WASTE STREAM INFORMATION

- a) Description of The Waste: 1) Soil contaminated with leaded gasoline 2) Soil contaminated with unleaded gasoline 3) Soil contaminated with diesel fuel 4) Soil contaminated with heating oil 5) Soil contaminated with vehicle drain oil
b) Type of facility generating the waste soil: Former Service Station
c) Anticipated Volume: 100 Tons Cubic Yards Other
d) Is this a "Hazardous Waste" as defined by State or local Regulations? No
e) Is this a "Special Waste", an "Industrial Process Waste", or a "Pollution Control Waste" as defined by State or local Regulations? No
f) Is this waste subject to the UST corrective action regulations under 40 CFR 280? Yes
g) Recommended personal protective equipment and special handling procedures: Level D
h) Has a representative sample of the contaminated soil been provided to BFI for testing and evaluation? No

/ / /
BFI WASTE CODE

3. THIS WASTE CONTAINS

Note if the waste contains any of the following:

Do not check those identified with (*) if otherwise specified in Section 2.

- | | | | |
|---------------------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Free Liquids | <input type="checkbox"/> Dioxins | <input type="checkbox"/> Etiological Agents | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Free Cyanide | <input type="checkbox"/> Organic Solvents | <input type="checkbox"/> Pathogens | <input type="checkbox"/> PCBs not regulated by
TSCA 40 CFR 761 |
| <input type="checkbox"/> Free Sulfide | <input type="checkbox"/> Used or Waste Oils* | <input type="checkbox"/> OSHA Substances | <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> Free Ammonia | <input type="checkbox"/> Virgin Oils* | <input type="checkbox"/> Biological Materials | |

If any of the above are checked, specify type (if applicable) and concentration in the waste: _____

4. SUPPLEMENTAL INFORMATION

- | | | | | |
|-------------------------------------------------|-------------------------------------|------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> MSD Sheets | <input type="checkbox"/> TCLP Data | <input type="checkbox"/> Additional Analytical Data | <input checked="" type="checkbox"/> Memo/Letter |
| <input type="checkbox"/> Other - describe _____ | | | | No. of Pages _____ |

5. GENERATOR'S CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omissions of composition or properties exists, that all known or suspected hazards have been disclosed, and that the waste is not designated a Hazardous Waste by the USEPA or contains PCBs regulated by TSCA 40 CFR 761.

GENERATOR'S AUTHORIZED SIGNATORY:

9.14.93	Rhonda Barrick	<i>R Barrick for Shell</i>	Staff. Tech.	RB
DATE	PRINT NAME	SIGNATURE	TITLE	INITIALS

REPRESENTATIVE SAMPLE CERTIFICATE

This Section is to be completed by the person obtaining the sample of the above described waste, preferably a representative of the generator. DO NOT COLLECT OR SUBMIT SAMPLES THAT ARE RADIOACTIVE, SHOCK SENSITIVE, EXPLOSIVE, OR PYROPHORIC.

I certify that the sample identified below that is being forwarded to BFI for evaluation is representative of the waste described above.

Collector's Name: _____ (Peel Off Label)

Signature: _____

Company: _____

Title: _____

Telephone Number: () _____

**DISPOSAL
CONFIRMATION
GRADIENT CONSTRUCTION, INC.**

Client: Shell

Project #: 30594 01

Station #: _____

Site Address: 2724 Castro Valley Bl

City/State: Castro Valley

Notify Date: 9.15.93

Drum #:CY 100 (144 yards)

Geologist: _____

Disposal Facility: BFI

Disposal Date: 9-17-93

Disposal Cost: _____

Contact: _____

Phone #: _____

Fax #: _____

Hauler: Gradient Construction, Inc.

Contact: Brian Wetzsteon

Phone #: (408) 984-6536

Fax #: (408) 243-3911

9.36

**DISPOSAL
CONFIRMATION
GRADIENT CONSTRUCTION, INC.**

Client: Shell
Project #: 305 94 01
Staton #: _____
Site Address: 2724 Castro Valley B1
City/State: Castro Valley
Notify Date: 9.15.93
Drum #:CY 100 (144 yards)
Geologist: _____
Disposal Facility: BFI
Disposal Date: 9-17-93
Disposal Cost: _____
Contact: _____
Phone #: _____
Fax #: _____
Hauler: Gradient Construction, Inc.
Contact: Brian Wetzsteon
Phone #: (408) 984-6536
Fax #: (408) 243-3911

*Duplicate
(See prev. page)*

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name W. J. W. Generating Location _____

Address _____ Address 77-1 ...

Phone No. 714-3203295 Phone No. _____

BFI Waste Code	Description of Waste	Quantity	Units	Containers		Type
				No.	Type	
19	TANK FULL OF OIL	1	DRUM	1		<input checked="" type="checkbox"/> Truck

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name [Signature] Signature _____ Shipment Date 01/17/97

TRANSPORTER

Truck No. D-1 Phone No. 408 263 8244
 Transporter Name ALVISO ROCK Driver Name (Print) DAVID A. DESRUISSEAU
 Address 1252 STATE ST. Vehicle License No./State 3A39842
ALVISO CA 95002 Vehicle Certification _____

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature David A. Desruisseau Shipment Date 091793 Driver Signature _____ Delivery Date _____

DESTINATION

Site Name BFI Land Fill Phone No. 415-477-1971
 Address Basson Rd 4001 ...

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature _____ Receipt Date _____

PASS CODE _____

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name Shell Oil Generating Location Forest Hill
 Address PO Box 278, Forest Hill, CA 95750 Address 2724 CASTLEWAY DRIVE, CASTLEWAY, CA 95750

Phone No. 714-533-595 Phone No.

EPA Waste Code	Description of Waste	Quantity	Units	Containers		Type
				No.	Type	
<u>EA</u> <u>405</u> <u>110013</u> <u>7702</u>	<u>TANK pull spoils</u>	<u>1</u>	<u>DRUM</u>	<u>1</u>	<u>D</u>	D - Drum
						C - Carton
						B - Bag
						T - Truck
						P - Pounds
						Y - Yards
						O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name [Signature] Signature [Signature] Shipment Date 11/7/98

TRANSPORTER

Truck No. 30-211 Phone No. 263-3244
 Transporter Name ALVISO RUCK Driver Name (Print) MIKE RUBIN
 Address 1252 STATE ST Vehicle License No./State 9A58653 CA
ALVISO CO. Vehicle Certification 402790

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 091798 Driver Signature [Signature] Delivery Date 091798

DESTINATION

Site Name FEI LANDFILL Phone No. 415-447-0474
 Address 4001 RASCO RD. LIVERMORE CA 94550

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent [Signature] Signature [Signature] Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name SUNNY Generating Location ...

Address PO BOX 5278 ... Address ...

Phone No. 714-523-3345 Phone No. ...

BFI Waste Code	Description of Waste	Quantity	Units	Containers		Type
				No.	Type	
<u>EA</u>	<u>TANK PAIL SPOILS</u>	<u>18</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>D - Drum</u>
	<u>NON FRIABLE</u>					<u>C - Carton</u>
						<u>B - Bag</u>
						<u>T - Truck</u>
						<u>P - Pounds</u>
						<u>Y - Yards</u>
						<u>O - Other</u>

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name J. ORLOWSKI Signature [Signature] Shipment Date 11/7/93

TRANSPORTER

Truck No. ... Phone No. 263-8244

Transporter Name KEE MACIEL TRUCKING Driver Name (Print) RICK VARGAS

Address 1852 STATE ST ALVISCO CA 95002 Vehicle License No./State 9A03398

Vehicle Certification 402971

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Rick Vargas Shipment Date 09/17/93 Driver Signature Rick Vargas Delivery Date 09/17/93

DESTINATION

Site Name BFI LAND FILL Phone No. 415-447-0491

Address 400 W. BASCO Rd. Livermore CA 94550

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent [Signature] Signature [Signature] Receipt Date ...

PASS CODE ...

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name Ferris Steel Generating Location Ferris Steel
 Address 2724 Castro Valley Bl.
Castro Valley, Ca

Phone No. 415-577-6024 Phone No. 415-577-6024

EPA Waste Code	CA	405	091593	57762	Containers		Type
	Description of Waste				Quantity	Units	
TANK pull spools NON FRAGILE				2	Y	1	Y

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name [Signature] Signature [Signature] Shipment Date 091793

TRANSPORTER

Truck No. 42 Phone No. 263-8244
 Transporter Name GEORGE ANALIS TRUCKING Driver Name (Print) RICK VARGAS
 Address 1252 STATE ST CA 95002 Vehicle License No./State 9A03398
 Vehicle Certification 4028971

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 091793 Driver Signature [Signature] Delivery Date 091793

DESTINATION

Site Name B.F.I LAND fill Phone No. 415-447-0491
 Address BASCO RD 4001 N. BASCO RD Livermore CA 94550

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent [Signature] Signature [Signature] Receipt Date [Signature]

PASS CODE _____

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name Generating Location 2724 Castro Valley, Bi
 Address Address Castro Valley

One No. 714-527-5395 Phone No. -

Waste Code CA	Description of Waste	Quantity	Units	Containers No.	Type
405 091593 57762	TANK Full spoils	19 yds	7	1	Y
NON FRIABLE					

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name Signature Shipment Date 09/17/95

TRANSPORTER

Truck No. 30-212 Phone No. 425-247-3808
 Transporter Name ANISS ROCK Driver Name (Print) MIKE RUBIN
 Address 1750 STATE ST Vehicle License No./State 9A58653 CA
ALISO CA 95002 Vehicle Certification 402790

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Mike Rubin Shipment Date 09/17/95 Driver Signature Mike Rubin Delivery Date 09/17/95

DESTINATION

Recipient Name BEY LAND FILL Phone No. -
 Address BASCO APTS - 1001 N. BASCO Rd. Livermore CA 94550

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name Shell Oil Company Generating Location Ferris Shell
Address P.O. Box 5218 Address 2724 Cassia Valley Blvd
CONCORD CA Cassia Valley, CA.
Phone No. 714-520-345 Phone No. -
FI Waste Code CA 405 01157B 51162 Containers

Quantity	Units	No.	Type
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Type
D - Drum
C - Carton
B - Bag
T - Truck
P - Pounds
Y - Yards
O - Other

Description of Waste
TANK pull spoils
nan fringe

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name Jenny Cilowki Signature _____ Shipment Date 011178

TRANSPORTER

Truck No. B0-212 Phone No. 408-263-5244
Transporter Name Alvizo Rock Driver Name (Print) MIKE RUBIN
Address 1252 STATE ST Vehicle License No./State 9H5J653 CA
ALVISO CO. Vehicle Certification 402790

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature MIKE RUBIN Shipment Date 091093 Driver Signature MIKE RUBIN Delivery Date 091093

DESTINATION

Site Name B.F.T LANDFILL Phone No. 415-4470471
Address 4001 N. BASCO RD LIVERMORE CA 94550

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature _____ Receipt Date _____

PASS CODE _____

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name Shell Oil Company
Address P.O. Box 5278
CONCORD CA

Generating Location Los Angeles Shell
Address 2774 Crest Valley Blvd
Crest Valley CA

Phone No. 714-520-3345

Phone No.

EPA Waste Code LA 405 01151B 57762

Containers		Type
Quantity	Units	No. Type
<u>1</u>	<u>5</u>	<u>1</u> <input checked="" type="checkbox"/> D - Drum
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> C - Carton
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> B - Bag
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> T - Truck
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> P - Pounds
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Y - Yards
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> O - Other

Description of Waste
TANK PULL SPOILS
NON FRIABLE

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Zandy Cilowski
Generator Authorized Agent Name

Signature

091773
Shipment Date

TRANSPORTER

Truck No. 42
Transporter Name GEORGE MALIEL TRUCKING
Address 252 STATE ST ALVISO CA 95002

Phone No. 923-8244
Driver Name (Print) RICK VARGAS
Vehicle License No./State 9A03398
Vehicle Certification 402971

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Rick Vargas
Driver Signature

091773
Shipment Date

Rick Vargas
Driver Signature

091773
Delivery Date

DESTINATION

Site Name B.F.T. LANDFILL Phone No. 415-4470491
Address 4001 N. BASCO RD LIVERMORE CA 94550

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

PASS CODE _____

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name Shell Oil Company Generating Location Former Shell
 Address P.O. Box 5218 Address 7124 Citrus Valley Blvd
CONCORD CA Citrus Valley Blvd

Phone No. 714-520-3345 Phone No.

FI Waste Code	Description of Waste	Quantity	Units	Containers		Type
				No.	Type	
<u>LA 445</u>	<u>TANK POLL SPILLS</u> <u>NON FLAMBLE</u>	<u>18</u>	<u>Y</u>	<u>1</u>	<u>T</u>	<u>T</u>

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name Randy Cielowski Signature [Signature] Shipment Date 11/17/83

TRANSPORTER

Truck No. D-1 Phone No. 408 263 8244
 Transporter Name Alvino Rich Driver Name (Print) David A Desjussieu
 Address 1730 N. A Vehicle License No./State 3A39842 CA.
ALVINO CA Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 09/17/83 Driver Signature Delivery Date

DESTINATION

Site Name P.F.T LAND FILL Phone No. 415-447-0471
 Address 4001 N. BASCO RD. LIVERMORE CA 94552

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent Signature Receipt Date

PASS CODE