



March 26, 1996

Ms. Amy Leech
Alameda County Dept.
of Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502

RE: Closure of UST at Tharco

Dear Ms. Leech:

In January 1994 we had the 40 cubic yards of soil from the UST excavation hauled off by I.W.M.

Enclosed for your information is a copy of the executed and completed contract.

Sincerely,

Jim Burress
Facilities Manager

JB/py

Enc.

cc: Tom A.
Steve N.



WILLIAM ERIC TO Sheree
(12.28)


{PRFTRANS}

I NTEGRATED
W ASTESTREAM
M ANAGEMENT

TRANSMITTAL FORM

| | | | |
|--------------------------|----------|-----------------|--------------------------------|
| Transmittal Date: | 12/20/93 | Project: | 2222 Grant Ave. San Lorenzo |
|--------------------------|----------|-----------------|--------------------------------|

| | |
|---|--------------------------------|
| Company: THARCO | Phone #: (510) 276-8600 |
| Attn: Jim Burress | Fax #: |
| Address: 2222 Grant Ave. San Lorenzo, Ca 94580-1892 | |

| We are sending you the following: | |
|--|--|
| Quantity | Description |
| 1 | BFI - Waste evaluation request/characterization data |
| 4 | BFI - Non Hazardous Special Waste Manifests |
| 3 | Copies of analytical results from sample taken on 12/06/93 |
| 1 | Revised quote for profile, sampling, loading, transport and disposal |
| <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Separately <input checked="" type="checkbox"/> Regular Mail <input type="checkbox"/> Special Delivery <input type="checkbox"/> Air Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Carrier <input type="checkbox"/> Fax | Comments Dear Jim; Enclosed are the profile/transport forms and revised quote that require your signature where indicated with an (X) I have also included copies of the analytical results from the samples taken from the stockpile soil. If you have any questions, please do not hesitate to contact me. I am waiting for approval from BFI-Keller Canyon and will contact you when I receive word. <div style="text-align: right;">  Thank You! </div> |

| |
|--|
| Sent by: Sheree Bitzer IWM, Inc., 950 Ames Avenue, Milpitas, CA. 95035 Phone: (408) 942-8955; FAX: (408) 942-1499 |
|--|

| |
|-------------------|
| Copies To: |
|-------------------|

I NTEGRATED
W ASTSTREAM
M ANAGEMENT, INC.

12/22/93

{1129THAA}

QUOTE TO: JIM BURRESS
 COMPANY: THARCO
 VIA FAX #: (510) 276-4862

FROM: SHEREE BITZER
 PHONE #: (408) 942-8955
 FAX #: (408) 942-1499

DEAR JIM;

PLEASE REVIEW THE FOLLOWING ESTIMATE AND TERMS FOR WORK TO BE PERFORMED AT THE SITE LOCATION SHOWN BELOW. IF YOU WOULD LIKE TO PROCEED WITH THE WORK DESCRIBED, MARK THE "CHECK OPTION" BOX OF THE OPTION(S) YOU PREFER AND SIGN BELOW IN THE SPACE PROVIDED. ALSO, PLEASE PROVIDE AN AUTHORIZATION NUMBER AND/OR INDICATE NAME AND ADDRESS OF PARTY TO BE BILLED IF OTHER THAN THARCO


| <u>TASK DESCRIPTION</u> | <u>SITE LOCATION</u> |
|--|--|
| SAMPLE STOCKPILE ON SITE, APPROX 40-50 CY. (TAKE 4 PT COMP). SUBMIT SAMPLE AND PROFILE WHEN RESULT IN. LOAD, REMOVE, TRANSPORT, AND DISPOSE OF SOIL AT AN APPROVED LANDFILL. | THARCO 2222 GRANT AVE. SAN LORENZO, CA |

| | | | | |
|---|------------------|-------------------------------------|-----------------|-------------|
| SOIL/ NON-HAZ | OPT#1: | QTY: | 40 - 50 | CUBIC YARDS |
| | OPTIONS: | OPT#1: | | |
| | CHECK OPTION(S): | <input checked="" type="checkbox"/> | | |
| | TSDF: | BFI-KC | | |
| | TSDF TYPE: | CLASS II | | |
| TASK ESTIMATE: | | \$62.00 | /PER CUBIC YARD | |
| DISPOSAL FEES: | | \$55.00 | /PER TON | |
| MARKUP ON DISPOSAL FEES: | | 20% | | |
| Note: Analytical test requirements vary by TSDF, verify correct tests have been completed | | | | |

ASSUMPTIONS:
 1/2 HOUR LOADING
 COPY OF ORIGINAL ANALYTICALS AVAILABLE W/ COC, DATED NO LATER THAN;
 SOIL: 6 MONTHS WATER: 90 DAYS
 APPROVAL OF PROFILE/ANALYTICALS BY CHOSEN TSDF
 WORK COMPLETED IN APPROX 2-4 WKS, NO ON SITE SCHEDULE COORDINATION
 2 LOADS PER TRUCK/PER DAY
 GENERATORS' SIGNATURE (OR AUTH REP) ON REQ. DOCUMENTS BEFORE,
 OR AT TIME OF, REMOVAL

ADDITIONAL CHARGES (If applicable):
 CONCRETE/GROUT/MUD DRUMS (REMOVED); \$65/DRM
 SOLIDS CHRG; \$.12/GAL - GIBSON ENV.
 \$2.80/GAL - REFINERIES SERVICES
 OVER 1/2 HOUR ON SITE; \$65/HR

THARCO
 ACCEPTED ON BEHALF OF

 BY

12-28-93 DATE

AUTH/REL/PO #

WE APPRECIATE YOUR REQUEST AND LOOK FORWARD TO WORKING WITH YOU SOON!

SINCERELY,


SHEREE BITZER
 PROJECT MANAGER

_____/_____/_____
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: THARCO
b) Generating Facility Address: 2222 GRANT AVE.
City: SAN LORENZO State: CA Zip: 94580
c) Company Representative: JIM BURRESS
Title: _____ Company: THARCO
d) Emergency Contact: _____
Title _____

e) Customer's Name: _____
f) Customer's Address: _____
City: _____ State: _____ Zip: _____
g) Telephone No. () _____
After Hours No. () _____
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: EXCAVATION OF UST
c) Anticipated Volume: 70 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: HARD HAT, GLOVES, SAFETY GLASSES
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 checked="" type="checkbox"/> Additional Analytical Data | <input 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:

| | | | | |
|-------------------|-------------|---|-------------|---|
| <u>X</u> 12-29-93 | Jim Durress |  | Project MGR |  |
| 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: _____ | Generator's Name: _____ |
| Company: _____ | Waste Description: _____ |
| Title: _____ | Date Collected: _____ WCD No. SS <u>40867</u> |
| Telephone Number: () _____ | Date at BFI Lab: _____ BFI Lab No. _____ |

ENVIRONMENTAL
PROTECTION

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