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September 22, 2000

Via Facsimile & Overnight Mail

Lois Greene, Case Developer (SFD-7-B)
U.S. EPA, Region IX
75 Hawthorne Street
San Francisco, CA 94105-3103

RE: Operating Industries, Inc. Superfund Site

Dear Lois:

Thank for allowing additional time for Alcoa Inc. (formerly the Aluminum Company of America) ("Alcoa") to respond to Harrison Karr's September 8, 2000 letter. We have reviewed the three manifests that underlie EPA's allocation of 12,600 gallons to an entity identified as "Advance Structures." We have not been able to determine whether such a corporate entity existed or whether such entity was a subsidiary or other relation to Alcoa Inc.

Alcoa has not yet determined whether it will be entering into the consent decree now known as "CD-8." However, in the interest of moving this matter forwarded, Alcoa hereby requests that this 12,600 gallons be included in its allocated share. Alcoa is accepting this volume for purposes of settlement only. Alcoa notes that, even if an entity named "Advance Structures" existed and was a corporate relative of Alcoa Inc., Alcoa specifically reserves the right to argue that the facts are not sufficient to pierce the corporate veil to reach Alcoa Inc.

Please feel free to call me with any questions with this regard. Thank you for your patience and assistance.

Very Truly Yours,

Patrick Zaepfel

Patrick H. Zaepfel

RELATED DE MINIMIS PARTY FORM

Due Date: Wednesday, September 20, 2000

Response is voluntary. If you choose to respond, please do so no later than Wednesday, September 20, 2000.

Your Company's Name (correct if needed): ALCOA INC., FORMERLY THE Aluminum Company of America

Primary Contact Name & Phone Number:

(If the contact named above is different than the addressee of this letter, please provide full name, address, telephone & fax numbers, and email address. Each company may designate only one primary contact.)

Patrick H. Zaepfel
LeBoeuf, Lamb, Greene & MacRae
One Gateway Center
420 Fort Duquesne Blvd., Suite 1600
Pittsburgh, PA 15222
(412) 594-2357

THE FOLLOWING ARE THE *DE MINIMIS* GENERATORS AT THE OII SITE THAT THE EPA BELIEVES MAY BE RELATED TO YOUR COMPANY. FOR EACH OF THESE COMPANIES, PLEASE INDICATE IN THE RIGHT-HAND COLUMN WHETHER:

(a) your company wishes to resolve its liability for the related de minimis generator as part of the final remedy settlement (i.e. combine the volumes);
(b) your company would prefer to address liability for the related de minimis generator later in a de minimis administrative order on consent; or
(c) you believe that the listed generator(s) are not related to your company.

Name of *De Minimis* Party	Waste Pickup Location(s)	Volume of Waste (gallons)	PLEASE DESIGNATE THE ACTION REQUESTED BY YOUR COMPANY -- (a), (b), or (c) -- FOR EACH RELATED PARTY
Advance Structures	801 Royal Oaks Monrovia CA	12,600	a*

* Alcoa has not yet determined whether it will enter into CD-8, but requests that this volume be incorporated into its allocated share in any event.

Signed: Patrick Zaepfel

Date: 9/22/00

By: Patrick H. Zaepfel

Title: Attorney, LeBoeuf, Lamb, Greene & MacRae, LLP

Return to:
Lois Green, Case Developer
Mail Code SFD-7-B, U.S. Environmental Protection Agency
75 Hawthorne St., San Francisco, California 94105-3103

Thank you for your cooperation.

CACI
FACSIMILE COVER SHEET

To: Pat Zeffle,
LeBoeuf, Lamb, Greene and MacRae

Facsimile: 412-594-5237

From: Ron Malveaux
CACI Commercial

Facsimile: 415-369-9048
Voice: 415-369-9044 e-mail: cacisf@sirius.com

Number of pages (including cover): 4

Date: 9/20/00

Re: Manifest Copies for Advance Structures

Attention Pat Zeffle:

Please find the following documents: Copies of 3 California Liquid Waste Hauler manifests for **Advance Structures** (Bates numbers: A092650, A092651, A092652.)

CACI contracts with the USEPA in San Francisco to maintain documents related to the Operating Industries, Inc. (OII) Superfund site. USEPA Environmental Scientist **Lois Greene** has instructed me to forward this information to you. Please direct any inquiries regarding these documents to Ms. Greene at (415) 744-2379. Thank you.

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): INDIANA STRUCTURES — Code No.

Pick up Address: SOUTH ROYAL OAKS, MICHIGAN (Number) (Street) (City)

Telephone Number: ( ) 338-2211 P.O. or Contract No.: 76-228

Order Placed By: D. K. LILLY Date: 7-12-77

Type of Process which Produced Wastes: PAINT BOOTH

(Examples: metal plating, equipment cleaning, oil drilling--wastewater treatment, pickling bath, petroleum refining) Code No.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. NONE				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (specify)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): M. C. Notthingham Co. of So Cal — Code No.

Business Address: 3150 Maxson Road, El Monte, Ca 91732 (Number) (Street) (City)

Telephone Number: (213) 286-3104 Pick Up: 7-12-77 (Date) Time: ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 171

Job No.: 26266 No. of Loads or Trips: 1 Unit No.: D-16

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING LAND — Code No.

Site Address: POTRERO GRANDE NURSERY

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation)-Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☐ [illegible] ☐ injection well ☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 7-12-77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

A092650

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-8300.

№ 6513

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): ADVANCE STRUCTURES — Code No.

Pick up Address: 801 Royal Oaks, Monrovia (Number) (Street) (City)

Telephone Number: ( ) 358-3211 P.O. or Contract No.:

Order Placed By: D.R. Neely Date: 7/12/77

Type of Process which Produced Wastes: PAINT BOOTH — Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

☐ Other (Specify) — Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1. NONE				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 110 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (specify)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): M. C. Notthingham Co. of So Cal — Code No.

Business Address: 3150 Maxson Road, El Monte, Ca 91732 (Number) (Street) (City)

Telephone Number: (213) 286-3104 Pick Up: 7-12-77 (Date) Time: 7:1[illegible] ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 171

Job No.: 26266 No. of Loads or Trips: 1 Unit No.: D-12

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING I.D. — Code No.

Site Address: PIKERO GRANDE, MI, MAX

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation) — Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify): — Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 7-12-77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

A092651

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

№ 6725

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): ADVANCE STRUCTURES — Code No.

Pick up Address: 801 Royal Oaks, Monrovia (Number) (Street) (City)

Telephone Number: ( ) 358-3211 P.O. or Contract No.: 80 780

Order Placed By: Wm. Neeley Date: 7/6/78

Type of Process which Produced Wastes: Wastewater treatment
(Examples: metal plating, equipment cleaning, oil drilling--wastewater treatment, pickling bath, petroleum refining) Code No.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: Upper	Lower	%	ppm
1.				
2. None				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (specify)

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

D. R. Neely 7/6/78
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): M. C. Notthingham Co. of So Cal — Code No.

Business Address: 3150 Maxson Road, El Monte, Ca 91732 (Number) (Street) (City)

Telephone Number: (213) 286-3104 Pick Up: 7-6-78 (Date) Time: 12:50 pm

State Liquid Waste Hauler's Registration No. (if applicable): 171

Job No.: 38271 No. of Loads or Trips: 1 Unit No.: D-50

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING IND. — Code No.

Site Address: POTRERO AVENUE M. PARK

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): (Examples: incineration, neutralization, precipitation) Code No.

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☒ other (specify): Code No.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

A092652

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

№ 9248