SENDER: **Complete learns 3, and 36. **Complete learns 3, and 36. **Complete learns 3, and 36. **Printy your name and address on the reverse of this form so that we can return this permit. **Printy your name and address on the reverse of this form so that we can return this permit. **Printy your name and address on the reverse of this form so that we can return this permit. **The featurn Receipt Requested* on the maliplece, or on the back if space does not permit. **The featurn Receipt Requested* on the maliplece below the article number. **The Return Receipt Requested* on the maliplece below the article number. **Robert Robles** **Texaco Refrining & Marketing Registered Registered Registered Resum Receipt for Merchandise COD **To Tate of Delivery Received By: (Print Name) Return Receipt for Merchandise COD **To Tate of Delivery Received By: (Print Name) Resum Receipt for Merchandise COD **To Resturn Receipt Requested* on the maliplece or on the back if space does not permit be dead of the date Return Receipt Received By: (Print Name) Resum Receipt In Insured Insur			
SENDER: **Complete items 1 and/or 2 for additional services. **Complete items 3, 4a, and 4b. **Print your name and address on the reverse of this form so that we can return this card to you. **Attach this form to the front of the mailpiece, or on the back if space does not permit. **Write **Return Receipt Requested** on the mailpiece below the article number. **Write **Return Receipt Requested** on the mailpiece below the article number. **Write **Return Receipt Requested** on the mailpiece below the article number. **Write **Return Receipt Requested** on the mailpiece below the article number. **Write **Return Receipt Requested** on the mailpiece below the article number. **Write **Return Receipt Requested** on the mailpiece below the article number. **Write **Return Receipt Requested** on the mailpiece below the article number. **Write **Return Receipt Requested** on the mailpiece below the article number. **Described **Print** on the mailpiece below the article number. **Described **Print** on the mailpiece below the article number. **Described **Print** on the mailpiece below the article number. **Described *	■ Complete items 1 and/or 2 for additional services. © Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: T. Peacock #435 Robert Robles Texaco Refining & Marketing 10 Universal City Plaza Universal City CA 91608	e does not e number. d the date 4a. Article N P 143 4b. Service Register Express Retum R 7. Date of D 8. Address	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Jumber 3 588 406 Type Type Type Type Type Type Type Typ
© Complete items 1 and/or 2 for additional services. © Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write **Return Receipt Requested** on the mailpiece below the article number. Write **Return Receipt will show to whom the article was delivered and the date delivered. T. Peacock #435 Gerald Friedkin Friedkin-Becker 300 Grand Avenue 0akland CA 94610 T. Received By: (**Print Name**) Received By: (**Print Name**) Talso wish in teceive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee. 4a. Article Number P 143 588 407 4b. Service Type □ Registered □ Express Mail □ Insured □ Return Receipt for Merchandise □ COD 7. Date of Delivery 5. Received By: (**Print Name**)			Domestic Return Receip
Oakland CA 94610 Return Receipt for Merchandise COD	 Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Retum Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 	does not number. I the date	following services (for an extra fee):
	Gerald Friedkin Friedkin-Becker 300 Grand Avenue Oakland CA 94610	P 14 4b. Service T Registere Express N Return Rec	ceipt for Merchandise COD

ALAMEDA COUNTY

HEALTH CARE SERVICES







Certified Mail # 01/08/98

P 143 588 406

ENVIRONMENTAL PROTECTION (LOP) 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

ENVIRONMENTAL HEALTH SERVICES

Notice of Responsibility

StID# 435 Express Auto Clinic 3810 Broadway Oakland, CA 94611

Date First Reported 05/15/91

Substance: Waste Oil

Source : Federally Funded

MultiRPs?: Yes

Robert Robles Texaco Refining & Marketing 10 Universal City Plaza Universal City, Ca 91608

Responsible Party (RP) # 2 (list of all RP's attached)

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the State Water Resources Control Board. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please FAX your request to the State Water Board at (916) 227-4349 or telephone (916) 227-4408.

Pursuant to Section 25299.37(c)(7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact this office for further information about the site designation process.

Please contact Tom Peacock, Supervising Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

Richard A. Pantages, Chief Contract Project Director

Mederil Ho

Please Circle One Add Delete Change

Attachment

C: Lori Casias, SWRCB Tom Peacock, Supervising Hazardous Materials Specialist

Report: ReImb97M:1/97

01/08/98

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 435

Express Auto Clinic

3810 Broadway

Oakland, CA 94611

Gerald Friedkin Friedkin-Becker 300 Grand Avenue Oakland CA 94610

Robert Robles Texaco Refining & Marketing 10 Universal City Plaza Universal City, Ca 91608

Date First Reported 05/15/91

Substance: Waste Oil

Petroleum (X) Yes Source: F

Responsible Party #1 Property Owner

Responsible Party #2 Contact Person Contact Company

35 P 143 588 406 T.P.

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9	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

ALAMEDA COUNTY

HEALTH CARE SERVICES





DAVID J. KEARS, Agency Director

Certified Mail # 01/08/98

P 143 588 407

ENVIRONMENTAL HEALTH SERVICES ENVIRONMENTAL PROTECTION (LOP) 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

Notice of Responsibility

StID#: 435 Express Auto Clinic 3810 Broadway Oakland , CA 94611

Gerald Friedkin Friedkin-Becker 300 Grand Avenue Oakland CA 94610 SITE

Date First Reported 05/15/91 Substance: Waste Oil

Funding (Federal or State): F

Multiple RPs?: Y

Responsible Party (RP) Property Owner

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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Please contact Tom Peacock, Supervising Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

Richard A. Pantages, Chief Contract Project Director

March his

Please Circle One / Add Delete Change

Reason: Prace - new 2?

C: Lori Casias, SWRCB
Tom Peacock, Supervising Hazardous Materials Specialist

Report. ReImb97 1/97

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

01/08/98

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 435 Express Auto Clinic 3810 Broadway Oakland, CA 94611

Gerald Friedkin Friedkin-Becker 300 Grand Avenue Oakland CA 94610

Robert Robles Texaco Refining & Marketing 10 Universal City Plaza Universal City, Ca 91608 Date First Reported 05/15/91
Substance: Waste Oil
Petroleum (X) Yes
Source: F

Responsible Party #1
Property Owner

Responsible Party #2 Contact Person Contact Company

#43⁵ P **143 588 40**7

US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to Gerald Friedkin Friedkin-Becker Street & Number Grand Avenue Post Office, State, & ZIP Code Uak land CA 94610 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date Form ၓၙ

ALAMEDA COUNTY HEALTH CARE SERVICES **AGENCY**

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program 80 Swan Way, Rm 200 Oakland, CA 94621 (510) 271-4530

Certified Mail #

09/30/93 STID# 435

Notice of Requirement to Reimburse

Gerald Friedkin Friedkin - Becker 300 Grand Avenue Oakland, Ca 94610

Express Auto Clinic 3810 Broadway Oakland , CA 94611

Responsible Party Property Owner

Date First Reported 05/15/91

Substance: Waste Oil

Petroleum: (X) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity (ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant and cleanup of the above site. YOU ARE HERESY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Endowell Edgar B, Howell, III, Chief Contract Project Director

Lori Casias, SWRCB

SWRCB Use:

Reason: New RP Information : X Change

drox RR#2

ALAMEDA COUNTY HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # P 367 604 692



State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program

> DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Program 80 Swan Way, Rm. 200 Oakland, CA 94621 (415)

Notice of Requirement to Reimburse

Gerald Friedkin

03/04/92

STID# 435

300 Grand Avenue Oakland, Ca 94610

Ross Atwood Precision Tune 3810 Broadway Oakland, Ca 94611

Express Auto Clinic 3810 Broadway Oakland , CA 94611 Responsible Party #1 Property Owner

Responsible Party #2 Contact Person Contact Company

SITE

Date First Reported 05/15/91

Substance: Waste Oil Petroleum: (X) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been indentified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

If you have any questions concerning this matter please contact Thomas Peacock, Supervising Hazardous Material Specialist, at this office.

Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

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SENDER: Complete Items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reve card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the followin for fees and check box(es) for additional service(s) reques 1. Show to whom delivered, date, and addresses's a (Extra charge)	rse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster ated.
3. Article Addressed to: STID 435 Gerald Friedking	4, Article Number
300 Grand Avenue	Type of Service:
Oakland, CA 94610	Registered Insured COD Cartified COD Return Receipt for Merchandise
	Always obtain signature of addresses of agent and DATE DELIVERED.
6. Signature - Address	8. Addressee's Address (ONLY If requested and fee paid)
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6. Signature - Agent	
x 600 > 1/10-7	
7. Date of Delivery	
PS Form 3811. Mar. 1988 - *- U.S.G.P.O. 1988-21	2-866 DOMESTIC RETURN RECEIPT

P 367 604 692

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL (See Reverse)

# U.S.G.P.O. 1989-234-555	Sent to Gerald Friedkin Street and No 300 Grand Avenue		
# U.S.G.P.O.	P.O., State and ZIP Code Oakland, CA 9461 Postage	\$	6
ļ	Certified Fee		5
	Special Delivery Fee		*
,	Restricted Delivery Fee		57.0
	Return Receipt showing to whom and Date Delivered		'n
198	Return Receipt showing to whom, Date, and Address of Delivery		
June	TOTAL Postage and Fees	2.29	
PS Form 3800, June 1985	Postmark or Date 3 - 16	.92	

AGENCY DAVID J. KEARS, Agency Director

State Water esources Control Board Division of Clean Water Programs UST Local Oversight Program

'Certified Mail # P 367 604 693

03/04/92 STID# 435 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Program 80 Swan Way, Rm. 200 Oakland, CA 94621 (415)

Notice of Requirement to Reimburse

Gerald Friedkin

300 Grand Avenue Oakland, Ca 94610

Ross Atwood Precision Tune 3810 Broadway Oakland, Ca 94611

Express Auto Clinic 3810 Broadway Oakland , CA 94611 Responsible Party #1
Property Owner

Responsible Party #2 Contact Person Contact Company

SITE

Date First Reported 05/15/91

Substance: Waste Oil Petroleum: (X) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been indentified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

If you have any questions concerning this matter please contact Thomas Peacock, Supervising Hazardous Material Specialist, at this office.

Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the reverse card from being returned to you. The return receipt fee will brotte and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) requested 1. Show to whom delivered, date, and addressee's additional service(s) the service of the	e side. Failure to do this will prevent this wild by the name of the person delivered services are available. Consult postmaster address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to: STID 435	4. Article Number
Precision Tune ATIN: Ross Atwood 3810 Broadway Oakland, CA 94611	Type of Service: Registered Insured COD Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address	8. Addressee's Address (ONLY if requested and fee paid)
X _	Leducation and Land
6. Sypature — Agent X	
7. Date of Delivery, 5° 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	888 - DOMESTIC RETURN RECEIPT

P 367 604 693

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

in	(000 1 10 10130)		
∜U.S.G.P.O. 1989-234-555	Sent to Precision Tune Street and No 3810 Broadway		
P.O.	PO. State and ZIP Code		
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j ?	Postage	s	1
	Certified Fee		020
	Special Delivery Fee		
	Restricted Delivery Fee		57.7
in	Return Receipt showing to whom and Date Delivered		'n
198	Return Receipt showing to whom, Date, and Address of Delivery		
June	TOTAL Postage and Fees	2.29	
PS Form 3800, June 1985	Postmark or Date 3 • (7.	-