

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7000 1670 0009 3787 4582  
June 21, 2002

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

Notice of Responsibility

Record ID: RO0000143  
Former Chevron Service Station  
#9-0020  
1633 Harrison St.  
Oakland, CA

SITE

Date First Reported: 12/31/87  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

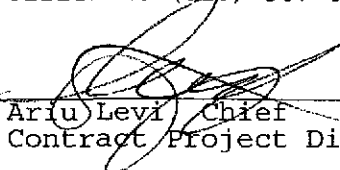
Martin Zone  
Oakland Housing Authority  
Development Dept.  
1805 Harrison St.  
Oakland, CA 94612

Responsible Party (RP)  
Property Owner

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby notified that the above site has been placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or on the attached list, has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site. Section 25297.15 further requires the primary or active Responsible Party to notify all current record owners of fee title before the local agency considers cleanup or site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, this agency has identified Chevron USA as the primary or active Responsible Party. It is the responsibility of the primary or active Responsible Party to submit a letter to this agency within 20 calendar days of receipt of this notice which identifies all current record owners of fee title. It is also the responsibility of the primary or active Responsible Party to certify to the local agency that the required notifications have been made at the time a cleanup or site closure proposal is made or before the local agency makes a determination that no further action is required. If property ownership changes in the future, you must notify this local agency within 20 calendar days from when you are informed of the change.

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) 341-5808 or telephone (916) 341-5700.

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 Don Hwang, Hazardous Materials Specialist, at this office at (510) 567-6746 for further information about the site designation process.

  
Ariu Levi, Chief  
Contract Project Director

Date: 6/24/02

Please Circle One  Add  Delete  Change

Reason: \_\_\_\_\_

c: Lori Casias, SWRCB  
Don Hwang, Hazardous Materials Specialist

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0009 3787 4582

7000 1670 0009 3787 4582

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

Sent To: MARTIN ZONE / OAK H.S. AUTH  
 Street, Apt. No. or P.O. Box No. 1805 HANNSON ST  
 City, State, ZIP+4 OAKLAND, CA 94612

PS Form 3811, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

- 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.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
MARTIN ZONE  
OAKLAND HOUSING AUTHORITY  
DEVELOP DEPT  
1805 HANNSON ST.  
OAKLAND, CA 94612

5. Received By: (Print Name)  
X D. Stanfield

6. Signature: (Addressee or Agent)  
X D. Stanfield

4a. Article Number

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
13 June 1994

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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 # P 113 815 459

05/28/93  
STID# 3812

**Notice of Requirement to Reimburse**

Nancy Vukelich  
Chevron Usa Inc.  
Po Box 5004  
San Ramon Ca 94583

Responsible Party  
Property Owner

Chevron U.S.A.  
1633 Harrison St.  
Oakland , CA 94612

SITE

Date First Reported 12/31/87  
Substance: Gasoline  
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 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 Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Handwritten signature of Edgar B. Howell, III.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

CHANGE : X Reason: New RP Information

P 113 815 459



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, June 1991

Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

In your RETURN ADDRESS completed on the reverse side of this form

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fees.

3. Article Addressed to:  
 Nancy Vukelich  
 Chevron USA Inc.  
 P.O. Box 5004  
 San Ramon, CA 94583  
 STID#3812

4a. Article Number  
 #P 113 815 459

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
 JUN 14 1993

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Postmaster)

Thank you for using Return Receipt Service.



Certified Mail # P 869 531 736

03/20/92  
STID# 3812

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Notice of Requirement to Reimburse**

Nancy Vukelich  
Chevron Usa Inc.  
Po Box 5004  
San Ramon Ca 94583

Responsible Party #1  
Property Owner

Chevron Station  
1633 Harrison St.  
Oakland C A 94612

*deleted 9-9-92*

Responsible Party #2  
Contact Person  
Contact Company

Chevron U.S.A.  
1633 Harrison St.  
Oakland, CA 94612

SITE

Date First Reported 12/31/87  
Substance: Gasoline  
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.

Please contact Tom PEACOCK, Supervising Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 869 531 735



**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to Nancy Vukelich	
Street & No. PO Box 5004	
P.O., State & ZIP Code San Ramon CA 94583	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

3812  
PS Form 3800, June 1990

P 869 531 736



**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to Chevron Station	
Street & No. 1633 Harrison St.	
P.O., State & ZIP Code Oakland CA 94612	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

3812  
PS Form 3800, June 1990

<ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p>Chevron USA Inc. Attn: Nancy Vukelich PO Box 5004 San Ramon CA 94583</p>	<p>4a. Article Number</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified    <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail    <input type="checkbox"/> Return Receipt for Merchandise</p>
<p>5. Signature (Addressee)</p>	<p>7. Date of Delivery</p> <p><b>MAR 30 1992</b></p>
<p>6. Signature (Agent)</p> <p><i>David Stokich</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>