

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #: 7006 3450 0000 0503 4999

July 31, 2008

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

Site Name & Address:

**BEACON #3720 / ULTRAMAR #720
1088 MARINA BLVD
San Leandro, CA 94577**

**Local ID: RO0000216
Related ID: 4552
RWQCB ID: 01-1526
Global ID: T0600101409**

Responsible Party:

**SANDEEP SINGH NIBBER
BEDROCK CONSTRUCTION INC
5302 ASTERWOOD DRIVE
DUBLIN CA 94568-7718**

Date First Reported: 1/23/1987

**Substance: 8006619 Gasoline-Automotive (motor gasoline
and additives), leaded & unleaded**

Funding for Oversight: LOPS - LOP State Fund

Multiple RPs?: Yes

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 TESORO 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 that 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.

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Pursuant to section 25296.10(c)(6) 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 designation process.

Please contact your caseworker WICKHAM, JERRY, at this office at (510)567-6791 if you have questions regarding your site.



ARIU LEVI, Director
Contract Project Director

Date: 8/1/08

Action: Add
Reason: Add RP

ALAMEDA COUNTY ENVIRONMENTAL HEALTH
LUFT LOCAL OVERSIGHT PROGRAM

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET

July 31, 2008

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TESORO

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FLYERS LLC

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RP has been named a RP - BILL BORGH
CONOCOPHILLIPS

76 BROADWAY | SACRAMENTO, CA 95818 | Phone (916) 558-7612

RP has been named a RP - ROBERT EHLERS
VALERO

685 WEST THIRD STREET | HANFORD, CA 93230 | Phone (210) 345-2227

RP has been named a RP - SAM HIRBOD
HIRBOD ENTERPRISES

111 DEERWOOD PL # 110 | SAN RAMON, CA 94583-4445 | Phone No Phone Number Listed

Responsible Party Identification Background

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1. "Any person who owns or operates an underground storage tank used for the storage of any hazardous substance."
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4. "Any person who had or has control over an underground storage tank at the time of or following an unauthorized release of a hazardous substance."

ACEH has named the responsible parties for this site as detailed below.

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET (Continued)

July 31, 2008

Responsible Party Identification

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Responsible Party Identification

Douglas Oil Corporation of California was the owner and operator of the tanks from 1975 until January 28, 1991. Douglas Oil Corporation was succeeded by Conoco, Inc. and then ConocoPhillips. ConocoPhillips is a responsible party because they owned and operated the USTs immediately before the discontinuation of their use (Definition 2), they owned property where an unauthorized release from a UST occurred (Definition 3), and had control of USTs at the time of or following an unauthorized release (Definition 4).

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City, State, Z	5302 Asterwood Drive	
	Dublin, CA 94568-7718	

PS Form 3800, August 2006

See Reverse for Instructions

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #: 7006 3450 0000 0503 5002

July 31, 2008

ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL PROTECTION
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Related ID: 4552
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SAM HIRBOD
HIRBOD ENTERPRISES
111 DEERWOOD PL # 110
SAN RAMON CA 94583-4445

Date First Reported: 1/23/1987

Substance: 8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded

Funding for Oversight: LOPS - LOP State Fund

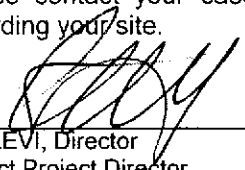
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ARIU LEVI, Director
Contract Project Director

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Reason: Add RP

ALAMEDA COUNTY ENVIRONMENTAL HEALTH
LUFT LOCAL OVERSIGHT PROGRAM

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET

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July 31, 2008

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Sam Hirbod
Hirbod Enterprises
111 Deerwood Pl # 110
San Ramon, CA 94583-4445

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #: 7006 3450 0000 0503 ~~5882~~
2544
July 31, 2008

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Contract Project Director

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Restricted Delivery Fee (Endorsement P-----)	
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Sent To	Barbara Wozniak Flyers LLC 2349 Rickenbaker Way Auburn, CA 95602-9537
Street, Apt. No. or PO Box No.	
City, State, Zip	
Pa	

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PS Form 3800, August 2006

See Reverse for Instructions

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Environmental Health Services
Environmental Protection
1131 Harbor Bay Pkwy, Suite 250
Alameda, CA 94502-6577
Attn: Jerry, RO#216

540



OAKLAND CA 946

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X</i> <i>Julia Vaughan</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>08/08</i></p>
<p>1. Article Addressed to:</p> <p>Barbara Wozniak Flyers LLC 2349 Rickenbaker Way Auburn, CA 95602-9537</p> <p><i>2360 Lindbergh St.</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7006 3450 0000 0503 2544</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	