

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
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Alameda, CA 94502-6577
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July 24, 2009

JEFF ORWIG
66 AMBLESIDE CT
DANVILLE CA 94526

JOHN ROBINSON
HOFFMAN INVESTMENT CO
1035 EDWARDS RD
BURLINGAME CA 94010

FRED MANCHOURI
1065 SHUEY DR
MORAGA CA 94556

MIR GHAFARI
68 BATES BLVD
ORINDA CA 94563

AARON COSTA
CHEVRON CORPORATION
6111 BOLLINGER CANYON ROAD
RM 3660
SAN RAMON CA 94583

RAVI RANDHAWA
5501 SAN ANTONIO
PLEASANTON CA 945667637

HOWARD PERERA
340 HIGHLAND AVE
PIEDMONT CA 94611

Subject: Fuel Leak Case No. RO0000269 and Geotracker Global ID T0600101885, CHEVRON #9-0329, 340 HIGHLAND AVE, Piedmont CA 94611 – Groundwater Monitoring Requirements

Dear Responsible Party:

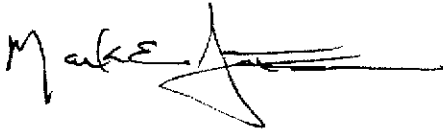
The purpose of this correspondence is to inform you of changes to groundwater monitoring requirements for all fuel leak cases in California. The California State Water Resources Control Board (State Water Board) has approved Resolution No. 2009-0042 (*Actions to Improve Administration of the UST Cleanup Fund and UST Cleanup Program*). Resolution No. 2009-0042 states that, "*Regional Water Board and LOP agencies shall reduce quarterly groundwater monitoring requirements to semiannual or less frequent monitoring at all site unless site-specific needs warrant otherwise and shall notify all responsible parties of the new requirements no later than August 1, 2009. If more than semiannual monitoring is required for a case, the responsible party and State Water board shall be notified of the rationale and the notice shall be posted on Geotracker.*"

The groundwater monitoring wells at your site have not been monitored since March 2007. In accordance with Resolution No. 2009-0042, groundwater monitoring for your site is to be conducted on an initial semiannual basis unless site-specific needs warrant otherwise. The semiannual monitoring is to be conducted during the first and third quarters. Please present results from the semiannual groundwater monitoring in groundwater monitoring reports no later than 60 days following the groundwater sampling event.

Responsible Party
RO0000269,
July 24, 2009, Page 2

If you have any questions, please call me at (510) 567-6876 or send me an electronic mail message at mark.detterman@acgov.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark E. Detterman", with a stylized flourish extending to the right.

Mark E. Detterman, PG, CEG
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: Charlotte Evans, CRA, 5900 Hollis St, Suite A, Emeryville, CA 94608
Donna Drogos, ACEH (Sent via E-mail to: donna.drogos@acgov.org)
Mark Detterman, ACEH (Sent via E-mail to: mark.detterman@acgov.org)
Geotracker, File

RESPONSIBLE PARTY OF RECORD AS OF 07/22/2009

RO0000269, CHEVRON #9-0329, 340 HIGHLAND AVE , Piedmont, CA, 94611

Alameda County Environmental Health (ACEH) has the following information on record regarding the Responsible Party(ies) for the above referenced site. Please update the following information for our records. Should you have contact information regarding additional Responsible Parties, please correct the information accordingly. Also, please check the "e-mail preferred" box to receive all future correspondences and notifications by e-mail.

E-mail Preferred

Hardcopy Preferred

ACEH is requesting your e-mail address so that we can correspond with you quickly and efficiently regarding your case. Please note that ACEH respects your privacy. Your e-mail address will remain confidential and will not be provided to any third party.

Current Information

JEFF ORWIG
NA
66 AMBLESIDE CT
DANVILLE CA 94526

JOHN ROBINSON
HOFFMAN INVESTMENT CO
1035 EDWARDS RD
BURLINGAME CA 94010

4157109299

FRED MANCHOURI
NA
1065 SHUEY DR
MORAGA CA 94556

MIR GHAFARI
NA
68 BATES BLVD
ORINDA CA 94563

Corrections or Additions

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Home Phone: (____) _____
Office Phone: (____) _____
Cell Phone: (____) _____

Name: _____
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Cell Phone: (____) _____

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