

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # Z 330 741 295
12/02/1999

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

Notice of Responsibility

StID# 5806
Fidel Casillas
2001 Fruitvale Ave
Oakland, CA 94601

SITE

Date First Reported 01/24/1996
Substance: Diesel
Source : Federally Funded
MultiRPs?: Yes


Ms. Karen Petryna
Equiva Services L L C
P. O. Box 7869
Burbank C A 91501-7869

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

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 Equiva Services LLC C/o K Petryna 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 notification 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 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 Barney Chan, Hazardous Materials Specialist at this office at (510) 567-6700 for futher information about the site designation process.


Ariu Levi, Chief
Contract Project Director

Date 12/7/99

Please Circle One Add Delete Change

Reason: Add'l RP

C: Lori Casias, SWRCB
Barney Chan, Hazardous Materials Specialist

ALABAMA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/02/19

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 5806
Fidel Casillas
2001 Fruitvale Ave
Oakland, CA 94601

Date First Reported 01/24/
Substance: Diesel
Petroleum (X) Yes
Source: F

Mr. Fidel Casillas

2094 Harrington Ave.
Oakland C A 94601

Responsible Party #1
Property Owner

Ms. Karen Petryna
Equiva Services L L C
P. O. Box 7869
Burbank C A 91501-7869

Responsible Party #2
Contact Person
Contact Company

R0305

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):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to: **STID 5806**
Karen Petryna
Equiva Services LLC
P.O. Box 7869
Burbank, C.A. 91501-7869

4a. Article Number

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

7. Date of Delivery
DEC 14 1998

5. Received By: (Print Name)
CONZALEZ

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

6. Signature (Addressee or Agent)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #Z 330 741 296
12/02/1999

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

Notice of Responsibility

StID#: 5806
Fidel Casillas
2001 Fruitvale Ave
Oakland, CA 94601

SITE

Date First Reported 01/24/1996
Substance: Diesel
Funding (Federal or State): F
Multiple RPs?: Y

Mr. Fidel Casillas

2094 Harrington Ave.
Oakland C A 94601

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 Equiva Services LLC C/o K Petryna 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) 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 Barney Chan, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director

Date: 1/7/99

Please Circle One Add Delete Change

Reason: Add'l. RP

cc: Lori Casias, SWRCB
Barney Chan, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/02/1999

LIST OF RESPONSIBLE PARTIES FOR

SITE
StID: 5806
Fidel Casillas
2001 Fruitvale Ave
Oakland, CA 94601

Date First Reported 01/24/1996
Substance: Diesel
Petroleum (X) Yes
Source: F

Mr. Fidel Casillas

2094 Harrington Ave.
Oakland C A 94601

Responsible Party #1
Property Owner

Ms. Karen Petryna
Equiva Services L L C
P. O. Box 7869
Burbank C A 91501-7869

Responsible Party #2
Contact Person
Contact Company

R0305

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: STID 5806 MR. Fidel Casillas 2094 HARRINGTON AVE. Oakland, CA. 94601		4a. Article Number	
5. Received By: (Print Name) Fidel Casillas		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent)		7. Date of Delivery 12-11-99	
8. Addressee's Address (Only if requested and fee is paid)		Thank you for using Return Receipt Service.	



Certified Mail # P 368 729 282
01/25/96
STID# 5806

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Notice of Requirement to Reimburse

Mr. Fidel Casillas
N/ A
2094 Harrington Ave.
Oakland C A 94601

Responsible Party (RP)
Property Owner

Fidel Casillas
2001 Fruitvale Ave
Oakland , CA 94601

SITE

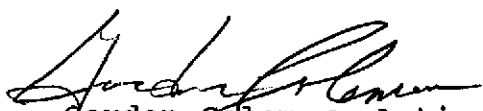
Date First Reported 01/24/96
Substance: Diesel
Petroleum: (X)Yes
Source: f

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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced 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 SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter
01/25/96
StID# 5806
Page 2

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408.
Please contact Barney CHAN, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: New Site

#5806
BC P 368 729 282

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Mr. Fidel Casillas	
Street & Number	
2094 Harrington Ave.	
Post Office, State, & ZIP Code	
Oakland CA 94601	
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	

PS Form 3800, April 1995

RO 305

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):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: B. Chan #5806
RO 305
 Mr. Fidel Casillas
 2094 Harrington Avenue
 Oakland CA 94601

4a. Article Number
 P 368 729 282

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
 1-27-96

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Fidel Casillas*

Thank you for using Return Receipt Service.