

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # P 143 588 477  
03/20/97

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#: 3644  
Chevron Station #9-4800  
1700 Castro St  
Oakland, CA 94612

SITE

Date First Reported 03/18/97  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: N

Mr. Phil Briggs  
Chevron U S A  
Po Box 5004  
San Ramon C A 94583-0804

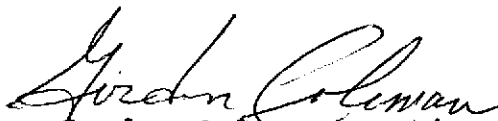
Responsible Party (RP)  
Property Owner

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.

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 Jennifer Eberle, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

  
Gordon Coleman, Acting Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: new

C: Lori Casias, SWRCB  
 Jennifer Eberle, Hazardous Materials Specialist

P 143 588 477

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to <b>MR. PHIL BRIGGS</b>	
City, State, and ZIP Code <b>CHEVRON USA</b>	
Post Office, State, and ZIP Code <b>P.O. BOX 5004</b>	
City, State, and ZIP Code <b>SAN RAMON, CA 94583</b>	
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

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 Adc.
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**MR. PHIL BRIGGS  
CHEVRON U S A  
P.O. BOX 5004  
SAN RAMON, CA 94583-0804**

4a. Article Number  
**P 143 588 477**

4b. Service Type

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

7. Date of Delivery  
**MAR 24 1997**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*X [Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
*Same as Box 3*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.