

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # Z 330741 262  
10/29/1999 Z 330 741 263

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

Notice of Responsibility

StID#: 3962  
Former Shell Service Station  
8930 Bancroft Ave  
Oakland, CA 94605

SITE

Date First Reported 12/23/1998  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

Sidhu Associates, Inc.  
3421 Brookmill Ct  
Fremont, C A 94536

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/Equilon 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 Eva Chu, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

Aron Levi, Chief  
Contract Project Director

Date: 1/1/99

Please Circle One  Add  Delete  Change

Reason:

New case

cc: ✓ Lori Casias, SWRCB  
Eva Chu, Hazardous Materials Specialist

Z 330 741 263

US Postal Service  
**Receipt for Certified Mail**

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

Sent to <i>Sidhu Assoc. Inc.</i>	
Street & Number <i>3421 BODKIN CT</i>	
Post Office, State, & ZIP Code <i>FREMONT, CA 94534</i>	
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

Z 330 741 262

US Postal Service  
**Receipt for Certified Mail**

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

Sent to <i>FORMER SHELL STATION</i>	
Street & Number <i>8930 BANDNET AVE</i>	
Post Office, State, & ZIP Code <i>OAKLAND, CA 94605</i>	
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

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:

*FORMER SHELL STATION  
8930 BANDNET AVE.  
OAKLAND, CA 94605*

4a. Article Number

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

*11/16/94*

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #  
10/29/1999

Z 330 741 261  
P 143 589 305

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ENVIRONMENTAL PROTECTION  
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Notice of Responsibility

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8930 Bancroft Ave  
Oakland, CA 94605

SITE

Date First Reported 12/23/1998  
Substance: Gasoline  
Source : Federally Funded  
MultiRPs?: Yes


Karen Petryna  
Equiva Services  
P. O. Box 6249  
Carson, C A 90749-6249

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/Equilon 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.

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\_\_\_\_\_  
Arta Leva, Chief  
Contract Project Director

Date 1/1/99

Please Circle One  Add  Delete  Change

Reason: New Case

C:  Lori Casias, SWRCB  
 Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

10/29/1999

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 3962  
Former Shell Service Station  
8930 Bancroft Ave  
Oakland, CA 94605

Date First Reported 12/23/1998  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Sidhu Associates, Inc.  
3421 Brookmill Ct  
Fremont, C A 94536

Responsible Party #1  
Property Owner

Karen Petryna  
Equiva Services  
P. O. Box 6249  
Carson, C A 90749-6249  
559/645-9306

Responsible Party #2  
Contact Person  
Contact Company

Z 330 741 261

P 143 589 305

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

Sent to <b>KAREN PETRYNA</b>	
Street & Number <b>P.O. BOX 6249</b>	
Post Office, State, & ZIP Code <b>CARSON, CA 90749-6249</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

US Postal Service  
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No Insurance Coverage Provided.  
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Sent to <b>FORMER SHELL STATION</b>	
Street & Number <b>8930 BANCROFT AVE</b>	
Post Office, State, & ZIP Code <b>OAKLAND, CA 94605</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
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<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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PS Form 3800, April 1995

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HAZARDOUS MATERIALS DIVISION

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Responsible Party #2  
Contact Person  
Contact Company