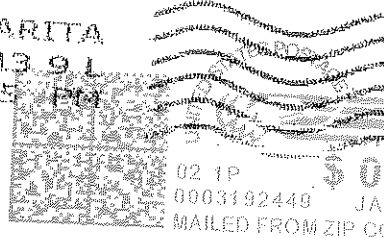




ALAMEDA COUNTY  
 HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 1131 Harbor Bay Parkway, Suite 250  
 Alameda, CA 94502-6577

SANTA CLARITA  
 CA 913 9 1  
 20 JAN 2015 10



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000422

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DAVID HILL  
 MOBIL OIL COMPA  
 [REDACTED]

NIXIE 917 DE 1700

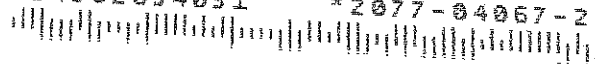
0001/24

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

BC: 94502654031

\*2077-04067-24

94502654031



Site Name & Address:

**MOBIL #04-FGN**  
**14994 E 14TH ST**  
**San Leandro, CA 94578**

**Local ID:**  
**Related ID:**  
**RWQCB ID:**  
**Global ID:**

Responsible Party:

**DAVID HILL**  
**MOBIL OIL COMPANY**  
**3000 W. ALAMEDA, STE. 700**  
**BURBANK CA 91505**

**Date First Reported:** 12/22/

**Substance:** 8006619 Gas

**Funding for Oversight:** LOPS - LO

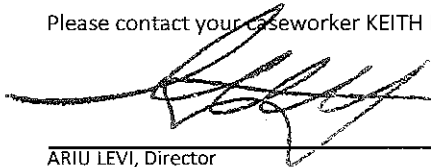
**Multiple RPs?:** Yes

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or identified as the party(ies) responsible for investigation and cleanup of the above site. The primary or active Responsible Party to notify all current record owners of fee title before site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, MOBIL OIL COMPANY as the primary or active Responsible Party. It is the responsibility of the Responsible Party to submit a letter to this agency, within 20 calendar days of receipt of this notice of fee title. It is also the responsibility of the primary or active Responsible Party to certify that notifications have been made at the time a cleanup or site closure proposal is made and a determination that no further action is required. If property ownership changes in the future, you must notify this 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 response to a petition to the State Water Resources Control Board. Petitions must be filed with the local agency. To obtain petition procedures, please FAX your request to the State Water Resources Control Board telephone (916) 341-5752.

Pursuant to section 25296.10(c)(6) of the Health and Safety Code, a responsible party must notify the administering agency when required to conduct corrective action. Please contact this agency for the designation process.

Please contact your caseworker KEITH NOWELL at this office at (510) 567-6764 if you have any questions.



Date: 1/11/15

ARIU LEVI, Director  
 Contract Project Director

Attachment A: Responsible Parties Data Sheet

cc: Cindy Davis, SWRCB (email: cindy.davis@waterboards.ca.gov) | Dilan Roe (email: dilan.roe@acgov.org), File