

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 0860 0006 1510 3647
April 1, 2003

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Notice of Responsibility

Record ID: R00000429
J&M Service Station #793
4035 Park Avenue
Oakland, CA 94612

SITE

Date First Reported: 11/30/89
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y


Golpad & Karimabadi
c/o Matt Haley
1633 San Pablo Avenue
Oakland, CA 94612

Responsible Party (RP) #4
(list of all RPs 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 Desert Petroleum 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) 341-5808 or telephone (916) 341-5700.

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 Scott Seery, Hazardous Materials Specialist, at this office at (510) 567-6762 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director

Date: 4/2/03

Please Circle One Add Delete Change

Reason: New RP

c: Lori Casias, SWRCB
Scott Seery, Hazardous Materials Specialist

7002 0860 0006 1510 3647

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To GOLDPADI KARIMABADI
 Street, Apt. No., or PO Box No. C/O MATTHEW
 City, State, ZIP+4 1633 SAN PABLO DAK

PS Form 3800, April 2002 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
GOLDPADI KARIMABADI
C/O MATTHEW
1633 SAN PABLO DAK
DAK CA 94112

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
[Signature]

B. Received by (Printed Name) [Name] C. Date of Delivery 4/9/03

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 0860 0006 1510 3647

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

April 1, 2003

LIST OF RESPONSIBLE PARTIES FOR

SITE	Record ID: R00000429 J & M Service Station #793 4035 Park Avenue Oakland, CA 94612	Date First Reported 11/30/89 Substance: Gasoline Petroleum (X) Yes Source: F
Kin Man Li, Lavinia Li, Kan Lau, & Evelyn Lau P.O. Box 348 Oakland, CA 94612	Responsible Party #1 Property Owner	
Bill Thompson Desert Petroleum P.O. Box 1601 Oxnard, CA 93032	Responsible Party #2 Contact Person Contact Company	
Abolghassem Razi & Alireza Shirazian 3609 E. 14 th Street Oakland, CA 94604	Responsible Party #3 Contact Person	
Golpad & Karimabadi c/o Matt Haley 1633 San Pablo Avenue Oakland, CA 94612	Responsible Party #4 Contact Person	

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # ⁰⁰⁰⁶ 7002 0860 1510 3630
April 1, 2003

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Notice of Responsibility

Record ID: R00000429
J&M Service Station #793
4035 Park Avenue
Oakland, CA 94612

SITE

Date First Reported: 11/30/89
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

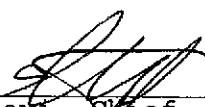
Abolghassem Razi &
Alireza Shirazian
3609 E. 14th Street
Oakland, CA 94604

Responsible Party (RP) #3
(list of all RPs 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 Desert Petroleum 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) 341-5808 or telephone (916) 341-5700.

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 Scott Seery, Hazardous Materials Specialist, at this office at (510) 567-6762 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director

Date: 4/14/03

Please Circle One Add Delete Change

Reason: New RP

c: Lori Casias, SWRCB
Scott Seery, Hazardous Materials Specialist

7002 0860 0006 1510 3630

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To A. RAZI, A SHIRAZIAN
 Street, Apt. No. or PO Box No. 3609 E 14th St
 City, State, ZIP+4 DAK CA 94604

PS Form 3800, April 2002 See Reverse for Instructions

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 Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
ABOLKASEM RAZI
ALIREZA SHIRAZIAN
3609 E 14th St
DAK CA 94604

7002 0860 0006 1510 3630

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

7. Date of Delivery
4/8/03

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
(X) Mahid gull

Thank you for using Return Receipt Service.

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

April 1, 2003

LIST OF RESPONSIBLE PARTIES FOR

SITE	Record ID: R00000429 J & M Service Station #793 4035 Park Avenue Oakland, CA 94612	Date First Reported 11/30/89 Substance: Gasoline Petroleum (X) Yes Source: F
Kin Man Li, Lavinia Li, Kan Lau, & Evelyn Lau P.O. Box 348 Oakland, CA 94612	Responsible Party #1 Property Owner	
Bill Thompson Desert Petroleum P.O. Box 1601 Oxnard, CA 93032	Responsible Party #2 Contact Person Contact Company	
Abolghassem Razi & Alireza Shirazian 3609 E. 14 th Street Oakland, CA 94604	Responsible Party #3 Contact Person	
Golpad & Karimabadi c/o Matt Haley 1633 San Pablo Avenue Oakland, CA 94612	Responsible Party #4 Contact Person	

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7002 0860 0006 1510 3623
April 1, 2003

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Notice of Responsibility

Record ID: R00000429
J&M Service Station #793
4035 Park Avenue
Oakland, CA 94612

SITE

Date First Reported: 11/30/89
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Bill Thompson
Desert Petroleum
P.O. Box 1601
Oxnard, CA 93032

Responsible Party (RP) #2
(list of all RPs 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 Desert Petroleum 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.

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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 Scott Seery, Hazardous Materials Specialist, at this office at (510) 567-6762 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director

Date: 4/14/03

Please Circle One Add Delete Change

Reason: New RP

c: Lori Casias, SWRCB
Scott Seery, Hazardous Materials Specialist

829E
075T
9000
0980
2007

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To *BILL THOMPSON/Desert Petrol*
 Street, Apt. No.; or PO Box No. *PO Box 1601 93032*
 City, State, ZIP+4 *OXNARD CA 93032*

PS Form 3800, April 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BILL THOMPSON/Desert Petrol
PO Box 1601
OXNARD CA 93032

2. Article Number

(Transfer from service label)

7002 0860 0006 1510 3623

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Costa Agent
 Addressee

B. Received by (Printed Name)

M. Costa

C. Date of Delivery

4-14-07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

April 1, 2003

LIST OF RESPONSIBLE PARTIES FOR

SITE	Record ID: RO0000429 J & M Service Station #793 4035 Park Avenue Oakland, CA 94612	Date First Reported 11/30/89 Substance: Gasoline Petroleum (X) Yes Source: F
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Kin Man Li, Lavinia Li,
Kan Lau, & Evelyn Lau
P.O. Box 348
Oakland, CA 94612

Responsible Party #1 Property Owner
--

Bill Thompson
Desert Petroleum
P.O. Box 1601
Oxnard, CA 93032

Responsible Party #2 Contact Person Contact Company

Abolghassem Razi &
Alireza Shirazian
3609 E. 14th Street
Oakland, CA 94604

Responsible Party #3 Contact Person
--

Golpad & Karimabadi
c/o Matt Haley
1633 San Pablo Avenue
Oakland, CA 94612

Responsible Party #4 Contact Person
--

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mail # 7002 0860 0006 1510 3616
April 1, 2003

Notice of Responsibility

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Record ID: R00000429
J&M Service Station #793
4035 Park Boulevard
Oakland, CA 94612

SITE

Date First Reported: 11/30/89
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Kin Man Li, Lavinia Li, Yiu
Kan Lau, and Evelyn Lau
P.O. Box 348
Oakland, CA 94604

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 Desert Petroleum 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.

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Ariu Devi, Chief
Contract Project Director

Date: 4/9/03

Please Circle One Add Delete Change

Reason: New RP

c: Lori Casias, SWRCB
Scott Seery, Hazardous Materials Specialist

7193 0151 9000 0980 2002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 KIN MAN LI, LAVINIA L YU
 Street, Apt. No., or PO Box No. PO Box 348
 City, State, ZIP+4 OAK CA 94604

PS Form 3800, April 2002 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 KIN MAN LI, LAVINIA L YU
 KAN LAU & E. LAU
 PO Box 348
 OAK, CA 94604

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Yaminiati* Agent Addressee

B. Received by (Printed Name) *LAVINIA L YU*

C. Date of Delivery *4/17/03*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Alameda County
APR 21 2003

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 0860 0006 1510 3616

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

April 1, 2003

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: R00000429
J & M Service Station #793
4035 Park Avenue
Oakland, CA 94612

Date First Reported 11/30/89
Substance: Gasoline
Petroleum (X) Yes
Source: F

Kin Man Li, Lavinia Li,
Kan Lau, & Evelyn Lau
P.O. Box 348
Oakland, CA 94612

Responsible Party #1
Property Owner

Bill Thompson
Desert Petroleum
P.O. Box 1601
Oxnard, CA 93032

Responsible Party #2
Contact Person
Contact Company

Abolghassem Razi &
Alireza Shirazian
3609 E. 14th Street
Oakland, CA 94604

Responsible Party #3
Contact Person

Golpad & Karimabadi
c/o Matt Haley
1633 San Pablo Avenue
Oakland, CA 94612

Responsible Party #4
Contact Person

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #P 368 729 362
05/06/97

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Notice of Responsibility

StID#: 1248
J & M Service Station #793
4035 Park Blvd
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Tony Razi
N/a
3609 East 14th St.
Oakland CA 94601

Responsible Party (RP) #1
Property Owner

(list of all RPs attached)

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.

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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
Gordon Coleman, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: *new* property owner

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

P 368 729 362

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
TONI RAZI	
Street & Number	
3609 E. 14TH ST.	
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

Is your RETURN ADDRESS completed on the reverse side?

SENDER [Redacted] *Fold at line over top of envelope to the right of the return address*

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return 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 Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TONI RAZI
3609 E. 14TH ST.
OAKLAND, CA 94601

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

4a. Article Number
P 368 729 362

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
5-10-97

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Certified Mail # P 368 729 359
05/06/97

Notice of Responsibility

StID# 1248
J & M Service Station #793
4035 Park Blvd
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

John Rutherford
Desert Petroleum Inc.
P O Box 1601
Oxnard C A 93032


Responsible Party (RP) # 3
(list of all RP's attached)

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, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: new property owner

Attachment

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

P 368 729 359

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

Sent to	
JOHN RUTHERFORD	
Street & Number	
DESERT PETROLEUM INC.	
Post Office, State & ZIP Code	
OXNARD, CA 93032	
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

<p>SENDER:</p> <ul style="list-style-type: none"> ■ 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. 	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Ad</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
	<p>3. Article Addressed to:</p> <p>JOHN RUTHERFORD DESERT PETROLEUM INC. P.O. BOX 1601 OXNARD, CA 93032</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p><i>[Signature]</i></p>	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Certified Mail # P 368 729 358
05/06/97

Notice of Responsibility

StID# 1248
J & M Service Station #793
4035 Park Blvd
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Golpad & Karimabadi
C/o Matt Haley
1633 San Pablo Ave.
Oakland, C A 94612

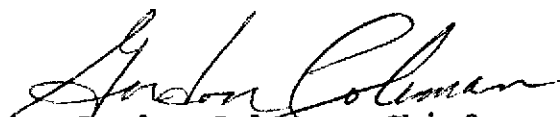
Responsible Party (RP) #-4
(list of all RP's attached)

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, Chief
Contract Project Director

Please Circle One

Add

Delete

Change

Reason:

new property owner

Attachment

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

P 368 729 358

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
GOLPAD KARIMADABI	
Street & Number	
C/O MATT HALEY	
Post Office, State & ZIP Code	
1633 SAN PABLO AVE. OAKLAND, CA 94612	
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):

- Addressee's Add
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 GOLPAD KARIMADABI
 C/O MATT HALEY
 1633 SAN PABLO AVE.
 OAKLAND, CA 94612

4a. Article Number
 P 368 729 358

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

7. Date of Delivery
 5/13/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Carol Lawrence

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Certified Mail #P 368 729 345
05/06/97

Notice of Responsibility

StID# 1248
J & M Service Station #793
4035 Park Blvd
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Alireza Shirazian
N/a
2 Anchor Dr. # F-386
Emeryville C A 94608

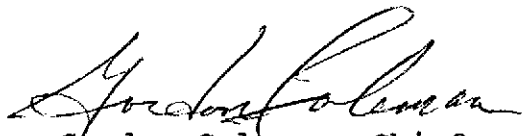
Responsible Party (RP) # 2
(list of all RP's attached)

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.

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


Gordon Coleman, Chief
Contract Project Director

Please Circle One

Add

Delete

Change

Reason: ^{new}

property owner

Attachment

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

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

05/06/97

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 1248
J & M Service Station #793
4035 Park Blvd
Oakland, CA 94602

Date First Reported 11/30/89
Substance: Gasoline
Petroleum (X) Yes
Source: F

Tony Razi
N/a
3609 East 14th St.
Oakland C A 94601

Responsible Party #1
Property Owner

Alireza Shirazian
N/a
2 Anchor Dr. # F-386
Emeryville C A 94608

Responsible Party #2
Property Owner

John Rutherford
Desert Petroleum Inc.
P O Box 1601
Oxnard C A 93032

Responsible Party #3
former property owner
Contact Company

Golpad & Karimabadi
C/o Matt Haley
1633 San Pablo Ave.
Oakland, C A 94612

Responsible Party #4
tank operator and/or owner

P 368 729 345

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

Sent to ALIREZA SHIRAZIAN	
Street & Number 2 ANCHOR DR., F-386	
Post Office, State, & ZIP Code EMERYVILLE CA 94608	
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	

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:
ALIREZA SHIRAZIAN
2 ANCHOR DR., #F-386
EMERYVILLE, CA 94608

4a. Article Number
P 368 729 345

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Certified Mail # P 418 724 606

07/07/93
STID# 1248

Notice of Requirement to Reimburse

John Rutherford
Desert Petroleum Inc.
Po Box 1601
Oxnard C A 93032

Responsible Party #1
Property Owner

Golpad & Karimabadi
C/o Matt Haley
1633 San Pablo Ave.
Oakland C A 94612

Responsible Party #2
Contact Person
Contact Company

J & M Service Station #793
4035 Park Blvd.
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Petroleum: (X) Yes

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 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 Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above 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 State Water Resources Control Board.

Please contact Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New RP Information

P 418 724 606



Receipt for Certified Mail

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

PS Form 3800, June 1991

Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Golpad & Karimabadi
c/o Matt Haley
163 San Pablo Ave
Oakland Ca 94612

JE

4a. Article Number

P 418 724 606

4b. Service Type

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

7. Date of Delivery

0-14-91

5. Signature (Addressee)

Carol A. Bays

6. Signature (Agent)

[Signature]

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

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Certified Mail # P 418 724 605

07/07/93
STID# 1248

Notice of Requirement to Reimburse

John Rutherford
Desert Petroleum Inc.
Po Box 1601
Oxnard C A 93032

Responsible Party #1
Property Owner

Golpad & Karimabadi
C/o Matt Haley
1633 San Pablo Ave.
Oakland C A 94612

Responsible Party #2
Contact Person
Contact Company

J & M Service Station #793
4035 Park Blvd.
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Petroleum: (X)Yes

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 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 Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above 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 State Water Resources Control Board.

Please contact Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New RP information

P 418 724 605



**Receipt for
Certified Mail**

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

PS Form 3800, June 1991

Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 014

03/20/92
STID# 1248

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

Desert Petroleum Inc.
Po Box 1601
Oxnard C A 93032

Responsible Party #1
Property Owner

Desert Petroleum
4035 Park Blvd.
Oakland C A 94602

Responsible Party #2
Contact Person
Contact Company

J & M Service Station #793
4035 Park Blvd.
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Petroleum: (X)Yes

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 removal 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 indentified 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 Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above 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 State Water Resources Control Board.

Please contact Tom PEACOCK, Supervising Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 367 604 014

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 1989-234-555

3800, June 1985

Sent to Desert Petroleum	
Street and No. 4035 Park Blvd.	
P.O., State and ZIP Code Oakland, CA 94602	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

NOTE: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Desert Petroleum 4035 Park Blvd. Oakland, CA 94602	4. Article Number (JE) #1248
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY

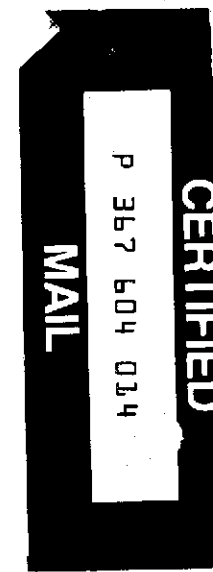
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621

AE

Desert Petroleum
4035 Park Blvd.
Oakland, CA 94602



RETURNING ORDER EXPIRED



ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 013

03/20/92
STID# 1248

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

Desert Petroleum Inc.
Po Box 1601
Oxnard C A 93032

Responsible Party #1
Property Owner

Desert Petroleum
4035 Park Blvd.
Oakland C A 94602

Responsible Party #2
Contact Person
Contact Company

J & M Service Station #793
4035 Park Blvd.
Oakland, CA 94602

SITE

Date First Reported 11/30/89
Substance: Gasoline
Petroleum: (X) Yes

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 removal 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 Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above 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 State Water Resources Control Board.

Please contact Tom PEACOCK, Supervising Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 367 604 013

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Desert Petroleum Inc.	
Street and No. PO Box 1601	
P.O., State and ZIP Code Oxnard CA 93032	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Instructions: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to: Desert Petroleum Inc. PO Box 1601 Oxnard CA 93032	4. Article Number STID #1248
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <i>4.3.92</i>	