

STD 295 (je)

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 000742  
CLAIMANT: ANDY SABERI  
CO-PAYEE: SHELL OIL COMPANY

AMENDMENT NO: 0  
BALANCE FORWARD: \$0  
THIS AMOUNT: \$25,000  
NEW BALANCE: \$25,000

JOINT CLAIMANT: NONE

CLAIMANT ADDRESS: 1045 AIRPORT BLVD  
S SAN FRANCISCO, CA 94080

TAX ID/SSA NO: 579-52-9900 13-1299891

Subject to availability of funds, the State Water Resources Control Board (SWRCB) agrees to reimburse ANDY SABERI (Claimant) for eligible corrective action costs at OAKLAND TEXACO (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

1. Reimbursement shall not exceed \$25,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the SWRCB, the SWRCB shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the SWRCB. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the SWRCB's consent.
8. This Letter of Commitment may be withdrawn at any time by the SWRCB if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the SWRCB this 11th day of July, 1996.

STATE WATER RESOURCES CONTROL BOARD

BY *Doug Wilson*  
 Manager, Underground Storage Tank Cleanup Fund Program

BY *Susan Horn*  
 Chief, Division Administrative Services

STATE USE:  
 CALSTARS CODING:  
 0550 - 569.02 - 30530

\$ \_\_\_\_\_

JUL 29 1996

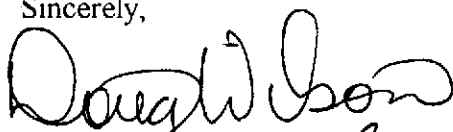
The following documents needed to submit your reimbursement request are enclosed:

- "Reimbursement Request Instructions" package. **Retain this package for future reimbursement requests.** These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in the instruction package are samples of completed reimbursement request forms and spreadsheets.
- "Bid Summary Sheet" to list information on bids received which **must be completed and returned.**
- "Certification of Non-Recovery From Other Sources" which **must be returned before any reimbursements can be made.**
- "Reimbursement Request" forms which you **must use to request reimbursement of costs incurred.**
- "Spreadsheet" forms which you **must use in conjunction with your reimbursement request.**
- "Claimant Data Record" (Std. Form 204) which **must be completed and returned with your first reimbursement request.**

We continuously review the status of all active claims. If you do not submit a reimbursement request or fail to proceed with due diligence with the cleanup, we will take steps to withdraw your LOC.

If you have any questions regarding the enclosed documents, please contact Cheryl Gordon at (916) 227-4539.

Sincerely,



Dave Deener, Manager *for*  
UST Cleanup Fund Program

Enclosures

cc: Mr. Steve Morse  
RWQCB, Region 2  
2101 Webster St., Ste. 500  
Oakland, CA 94612

Mr. Thomas Peacock  
Alameda County EHD  
1131 Harbor Bay Pkway, 2nd Fl.  
Alameda, CA 94502-6577





Ca/EPA

State Water  
Resources  
Control Board

Division of  
Clean Water  
Programs

Mailing Address:  
P.O. Box 944212  
Sacramento, CA  
94244-2120

2014 T Street,  
Suite 130  
Sacramento, CA  
95814  
(916) 227-4307  
FAX (916) 227-4530

World Wide Web:  
<http://www.swrcb.ca.gov/~cwphome/fundhome.htm>



Pete Wilson  
Governor

JUL 29 1996

ANDY SABERI  
1045 AIRPORT BLVD  
S SAN FRANCISCO, CA 94080

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 000742, FOR  
SITE ADDRESS: 1230 14TH ST, OAKLAND

The State Water Resources Control Board (State Board) is able to issue, pursuant to applicable regulations, the enclosed Letter of Commitment (LOC) in an amount not to exceed \$25,000. This LOC is based upon our review of the corrective action costs you reported to have incurred to date. The LOC may be modified by the State Board.

**It is very important that you read the terms and conditions in the LOC. The State Board will take steps to withdraw this LOC after 90 calendar days from the date of this letter unless you proceed with due diligence with your cleanup effort.**

NOTE: You must also submit your first reimbursement request for the costs that you reported to have incurred within 90 calendar days from the date of this letter or submit a **written** explanation as to the status of the cleanup and **when** a reimbursement request can be expected. Failure to submit a request or an approved explanation may result in the removal of committed funds. Claims filed with the Underground Storage Tank Cleanup Fund far exceed the funding available and it is important that you make use of the funding that has been committed to your cleanup in a timely manner.

You are reminded that you must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Only corrective action costs *required* by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. **Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work (form enclosed).** If you have any questions on obtaining preapproval of your costs or the three bid requirement, please call Patrick Wheeler, our engineer assigned to claims in your Region, at (916) 227-0743. Failure to obtain preapproval of your future costs may result in the costs not being reimbursed.



Recycled Paper

*Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.*

CLAIM NO. 742

LOCAL AGENCY NO. 295

SITE ADDRESS 1220-14th St., Oakland 94607

CORRECTIVE ACTION COMPLIANCE DOCUMENTATION PAGE 3

DATE	ACTION REQUIRED/RESPONSE
2-21-91	Contamination discovered during soil boring drilling.
7-2-92	Rem'l permit app'd.
10-5-93	Alameda ltr to clmnt - remediate soils still in excavation & soils stockpiled onsite within 30 days.
11-19-93	Alameda issued Notice of Violation for not responding to above letter.
12-15-93	Pre-enforcement hearing conducted by RWQCB, DA & ACHSB.
12-29-93	Tank Closure Rept submitted by TPE.
1-12-94	Summary Rept of the site submitted by clmnt in response to request at pre-enforcement hearing.
1-14-94	Summary Rept of site submitted by atty for operator (defendants)
1-14-94	Summary Rept of site submitted by Shell Oil.
1-13-94	Ltr from atty of Mr. Jameson, owner & possessor of property for 3 days.
1-28-94	Ltr from clmnt accusing Shell Oil of making false statements & conclusions.
2/10/94	Ltr from Alameda - addendum to W/P is acceptable. Implement W/P within 30 days.

CONFIRMATION OF CORRECTIVE ACTION COMPLIANCE: After reviewing the lead agency site file, the claim reviewer has determined that the claimant is in substantial compliance with corrective action requirements.

Hessie Jones  
 REVIEWER'S SIGNATURE 5-17-94  
DATE SIGNED

LEAD AGENCY CONCURRENCE: As of this date, the lead agency representative concurs with the determination that the claimant is in compliance with applicable corrective action requirements.

\*This is good until 6-4-94. Call me then.  
J. Berke \*  
 SIGNATURE 5-19-94  
DATE SIGNED

STAFF RECOMMENDATION:  APPROVED  REFERRED TO TEAM LEADER - See Comments, Page 2  
 REVIEWER'S SIGNATURE: DATE SIGNED

Revised 10/92  
for update

**STATE WATER RESOURCES CONTROL BOARD**

DIVISION OF CLEAN WATER PROGRAMS  
2014 T STREET, SUITE 130  
P.O. BOX 944212  
SACRAMENTO, CALIFORNIA 94244-2120  
(916) 227-4413  
(916) 227-4530 (FAX)



**TRANSMITTAL OF FAX MATERIAL**

Date: 5-17-94

To: Jenifer Eberle

Fax # (510) 569-4757

claim # 742

Andy Saberi

From: **Blessy Torres**  
**Division of Clean Water Programs**  
**(916) 227-4535**

\*\*\*\*\*

No. of pages 2 (including this sheet)

For your information

Per your request

For your review and comments

**REMARKS:**

Per your 5/10/94 ltr, it appears claimant is  
now in compliance. Pls. sign the attached &  
return.

thanks!

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 422 218 066

11/09/93  
STID# 295

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

**Notice of Requirement to Reimburse**

Andrew Saberi  
Sabek, Inc.  
1045 Airport Blvd.  
South San Francisco C A 94080

Responsible Party #1  
Property Owner

Mr. Som Gupta  
C/o Carmerlengo & Johnson  
500 Airport Blvd, Ste 230  
Burlingame C A 94010

Responsible Party #2  
Contact Person  
Contact Company

Vacant Lot/ Sabek, Inc.  
1230 14th St  
Oakland, CA 94607

SITE

Date First Reported 06/16/92  
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: Mike Harper, SWRCB

SWRCB Use:  Change: X Reason: Add #2

P 422 218 066



### Receipt for Certified Mail

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

PS Form 3800, June 1991

Sent to <b>Mr. Som Gupta</b>	
City and State <b>Carmerlengo &amp; Johnson</b>	
P.O., State and Zip Code <b>500 Airport Blvd, Ste 230 Burlingame, CA 94010</b>	
Postage STID# 295	\$ JE
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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

#### 3. Article Addressed to:

**Mr. Som Gupta  
c/o Carmerlengo & Johnson  
500 Airport Blvd, Ste 230  
Burlingame, Ca 94010  
Stid # 295**

#### 4a. Article Number

**P 422 218 066**

#### 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

**1/18**

#### 5. Signature (Addressee)

*Upphia A. B...*

#### 6. Signature (Agent)

#### 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

Certified Mail #

07/26/93  
STID# 295

*original sent 7-15*

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

**Notice of Requirement to Reimburse**

Andrew Saberi  
Sabek, Inc.  
1045 Airport Blvd.  
South San Francisco C A 94080

Responsible Party  
Property Owner

Vacant Lot/ Sabek, Inc.  
1230 14th St.  
Oakland , CA 94607

SITE Date First Reported 06/16/92  
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.

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case



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.
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JM

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:  
 Andrew Saberi  
 Sabek, Inc.  
 1045 Airport Blvd.  
 So San Fran., CA 94080  
 STID: 295

4a. Article Number  
 P 418 724 541

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

7. Date of Delivery  
 7-22-93

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Priority Mail Service

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 418 724 541

07/15/93  
STID# 295

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

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Sabek, Inc.  
1045 Airport Blvd.  
South San Francisco C A 94080

Responsible Party  
Property Owner

Vacant Lot/ Sabek, Inc.  
1230 - 14th St.  
Oakland , CA 94607

SITE Date First Reported 06/16/92  
Substance: Gasoline  
Petroleum: (X) Yes

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

Handwritten signature of Edgar B. Howell, III.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:  Add: X Reason: New Case

Handwritten initials, possibly 'JR'.

P 418 724 541



### Receipt for Certified Mail

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

orm 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	