

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 368 729 443
07/22/1999

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

Notice of Responsibility

StID#: 1930
Former Mobil Oil Station
1024 Main St
Pleasanton, CA 94566

SITE

Date First Reported 10/01/1989
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Jack Hounslow
Mt. Diablo National Bank
156 Diablo Road
Danville, Ca 94526

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 Mobil Oil Corporation 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 Scott O Seery, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

Richard A. Pantages
Richard A. Pantages, Chief
Contract Project Director

Date: 07/26/99

Please Circle One Add Delete Change

Reason: New property owner

cc: Lori Casias, SWRCB
Scott O Seery, Hazardous Materials Specialist

P 368 729 443

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Jack Hounslow	
Street & Number	
156 Diablo Rd.	
Post Office, State, & ZIP Code	
Danville, CA 94526	
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	
JUL 26 1999	

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 Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jack Hounslow
Mt. Diablo National Bank
156 - Diablo Rd.
Danville, CA 94526

4a. Article Number

P368729443

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Signature: (Addressee or Agent)

X Bonnie Gates

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 - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

07/22/1999

LIST OF RESPONSIBLE PARTIES FOR

<div data-bbox="196 390 334 453" style="border: 1px solid black; padding: 2px;">SITE</div>	<div data-bbox="380 373 841 499">StID: 1930 Former Mobil Oil Station 1024 Main St Pleasanton, CA 94566</div>	<div data-bbox="992 363 1568 491">Date First Reported 10/01/1989 Substance: Gasoline Petroleum (X)Yes Source: F</div>
<div data-bbox="190 533 651 693">Jack Hounslow Mt. Diablo National Bank 156 Diablo Road Danville, Ca 94526 925/743-9200</div>	<div data-bbox="967 537 1409 638" style="border: 1px solid black; padding: 5px;">Responsible Party #1 Property Owner</div>	
<div data-bbox="190 726 594 852">Barton C. Yates Bonnie R. Yates Route 4, Box 320 Bonne Terre, Mo 63628</div>	<div data-bbox="967 730 1409 856" style="border: 1px solid black; padding: 5px;">Responsible Party #2 Contact Person Contact Company</div>	
<div data-bbox="190 915 634 1073">Cherine Foutch Mobil Oil Corporation 2063 Main St., Ste. 201 Oakley, Ca 94561 925-625-1173</div>	<div data-bbox="967 919 1409 1045" style="border: 1px solid black; padding: 5px;">Responsible Party #3 Contact Person Contact Company</div>	

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 368 729 448
07/22/1999

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

Notice of Responsibility

StID# 1930
Former Mobil Oil Station
1024 Main St
Pleasanton, CA 94566

SITE

Date First Reported 10/01/1989
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Cherine Foutch
Mobil Oil Corporation
2063 Main St., Ste. 201
Oakley, Ca 94561

Responsible Party (RP) # 3
(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 Mobil Oil Corporation 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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Richard A. Pantages
Richard A. Pantages, Chief
Contract Project Director

Date 07/26/96

Please Circle One Add Delete Change

Reason: New property owner

C: Lori Casias, SWRCB
Scott O Seery, Hazardous Materials Specialist

P 368 729 448

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Cherine Foutch	
Street & Number	
2063 main st. st. 201	
Post Office, State, & ZIP Code	
Oakley, CA 94561	
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	
JUL 26 1995	

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

Consult postmaster for fee.

3. Article Addressed to:
Cherine Foutch
mobil oil Corporation
2063 main St., ste. 201
Oakley, CA 94561

4a. Article Number
P 368 729 448

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7-27-95

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

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

Certified Mail # P 368 729 446
07/22/1999

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

Notice of Responsibility

StID# 1930
Former Mobil Oil Station
1024 Main St
Pleasanton, CA 94566

SITE

Date First Reported 10/01/1989
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Barton C. Yates
Bonnie R. Yates
Route 4, Box 320
Bonne Terre, Mo 63628

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 Mobil Oil Corporation 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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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 O Seery, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

Richard A. Pantages
Richard A. Pantages, Chief
Contract Project Director

Date 07/24/99

Please Circle One Add Delete Change

Reason: New property owner

C: Lori Casias, SWRCB
Scott O Seery, Hazardous Materials Specialist

Report: ReImb97M 5/99

P 368 729 446

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to	
Barton and Bonnie Yates	
Street & Number	
Route 4, Box 320	
Post Office, State, & ZIP Code	
Bonne Terre, MO 63628	
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	
JUL 26 1999	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- 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:

Barton C. Yates
 Bonnie R Yates
 Route 4, Box 320
 Bonne Terre, MO 63628

4a. Article Number

P 368 729 446

4b. Service Type

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

7. Date of Delivery

72799

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

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 773 036 382

11/09/94
STID# 1930

ALAMEDA COUNTY CC4580
DEPT. OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577

Notice of Requirement to Reimburse

Barton C. Yates
Bonnie R. Yates
Route 4, Box 320
Bonne Terre, Mo 63628

Responsible Party #1
Property Owner

Cherine Foutch
Mobil Oil Corporation
2063 Main St., Ste. 201
Oakley, Ca 94561

Responsible Party #2
Contact Person
Contact Company

Former Mobil Oil Station
1024 Main St
Pleasanton, CA 94566

SITE

Date First Reported 10/01/89
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 Scott SEERY, 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:

#1930
SOS

Z 773 036 382



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to	
CHERINE FOUTCH	
Street and No	
2063 MAIN ST., STE. 201	
P.O., State and ZIP Code	
OAKLEY CA 94561	
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:	Thank you for using Return Receipt Service.	
	<ul style="list-style-type: none"> • 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 envelope, 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): <ol style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: SOS #1930 CHERINE FOUTCH MOBIL OIL CORPORATION 2063 MAIN ST., STE. 201 OAKLEY CA 94561		4a. Article Number Z 773 036 382
	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 11-17-94
5. Signature (Addressee) 	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature (Agent)			
PS Form 3811, December 1991 U.S. GPO: 1993-352-714		DOMESTIC RETURN RECEIPT	

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 773 036 381

11/09/94
STID# 1930

ALAMEDA COUNTY CC4580
DEPT. OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577

Notice of Requirement to Reimburse

Barton C. Yates
Bonnie R. Yates
Route 4, Box 320
Bonne Terre, Mo 63628

Responsible Party #1
Property Owner

Cherine Foutch
Mobil Oil Corporation
2063 Main St., Ste. 201
Oakley, Ca 94561

Responsible Party #2
Contact Person
Contact Company


Former Mobil Oil Station
1024 Main St
Pleasanton, CA 94566

SITE

Date First Reported 10/01/89
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 Scott SEERY, 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:

ADD : X Reason: NEW CASE

#1930
SOS

Z 773 036 381



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to		BARTON C. YATES
Street and No.		ROUTE 4, BOX 320
P.O., State and ZIP Code		BONNE TERRA MO 63628
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: SOS #1930

BARTON C. YATES
BONNIE R. YATES
ROUTE 4, BOX 320
BONNE TERRE MO 63628

4a. Article Number

Z 773 036 381

4b. Service Type

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

7. Date of Delivery

11-30-91

5. Signature (Addressee)

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

6. Signature (Agent)

Bonnie Yates

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.