

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #Z 115 363 982
May 1, 2001

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: R00002434
TriValley Transportation
5481 Brisa St
Livermore, CA 94550

SITE

Date First Reported 2/26/2001
Substance: Diesel
Funding (Federal or State): F
Multiple RPs?: Y

Edward Loss
TriValley Transportation
5481 Brisa St.
Livermore, CA 94550

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 The Beverly Kivett Trust 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 Eva Chu, Hazardous Materials Specialist, at this office at (510) 567-6762 for further information about the site designation process.


Date: 5/11/01
Ariu Levy, Chief
Contract Project Director

Please Circle One Add Delete Change
Reason: New Case

c: Jori Casias, SWRCB
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

May 1, 2001

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: R00002434
Tri Valley Transportation
5481 Brisa St
Livermore, CA 94550

Date First Reported 2/26/2001
Substance: Diesel
Petroleum (X) Yes
Source: F

Beverly Kivett Trust
c/o Walter Kivett
1015 Regeo Ct.
Lafayette, CA 94549

Responsible Party #1
Property Owner

Edward Loss
Tri Valley Transportation
5481 Brisa Street
Livermore, CA 94550

Responsible Party #2
Contact Person
Contact Company

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:

EDWARD LOSS
TRIVALEY TRANSPORTATION
5481 BRISA ST.
LIVERMORE, CA 94550

4a. Article Number

4b. Service Type

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

7. Date of Delivery 5-8-01

5. Received By: (Print Name)

Suzanne Malin

6. Signature: (Addressee of Agent)

[Handwritten Signature]

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

PS Form 3800, April 1995

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
Post Office, State, & ZIP Code	LIVERMORE - CA 94550
Street & Number	5481 BRISA ST
Sent to	EDWARD LOSS / TRIVALEY

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

7 115 363 982

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # **Z 115 363 985**
May 1, 2001

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: RO0002434
TriValley Transportation
5481 Brisa St
Livermore, CA 94550

SITE

Date First Reported 2/26/2001
Substance: Diesel
Funding (Federal or State): F
Multiple RPs?: Y

Walter Kivett
Beverly Kivett Trust
1015 Regeo Ct.
Lafayette, CA 94549

**Responsible Party (RP)
Property Owner**

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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 Eva Chu, 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: 5/4/01

Please Circle One Add Delete Change

Reason: New Case

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

Z 115 363 985

US Postal Service
Receipt for Certified Mail

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

Sent to	
WALTER KIVETT	
Street & Number	
1015 REEBO CT	
Post Office, State, & ZIP Code	
LA FAYETTE, CA 94549	
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 Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
	<p>3. Article Addressed to:</p> <p>WALTER KIVETT BEVERLY KIVETT TRUST 1015 REEBO CT LA FAYETTE, CA 94549</p>
<p>5. Received By: (Print Name)</p> <p>Walter Kivett</p> <p>6. Signature: (Addressee or Agent)</p> <p>X [Signature]</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>

Is your RETURN RECEIPT on the reverse side?

This is a Return Receipt Service.