

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # Z 115363v994
July 11, 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: R00002437
Former Chevron 21-0208
6006 International Blvd
Oakland, CA 94601

SITE

Date First Reported: 7/2/2001
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y


Tom Bauhs
Chevron Products
P.O. Box 6004
San Ramon, CA 94583

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 Chevron 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.


Ariu Levy, Chief
Contract Project Director

Date: 7/11/01

Please Circle One Add Delete Change

Reason: New Case

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

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

July 11, 2001

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: RO0002437
Former Chevron 21-0208
6006 International Blvd
Oakland, CA 94601

Date First Reported 7/2/2001
Substance: Gasoline
Petroleum (X) Yes
Source: F

Stanley Ave Affordable Housing LP
2131 University Ave #224
Berkeley, CA 94704

Responsible Party #1
Property Owner

Tom Bauhs
Chevron Products
P.O. Box 6004
San Ramon, CA 94583

Responsible Party #2
Contact Person
Contact Company

Z 115 363 994

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

Sent to T. BAUHS/CHEVRON	
Street & Number PO BOX 6004	
Post Office, State, & ZIP Code SAN RAMON, CA 94583	
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

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7000 0600 0025 7324 0541
July 11, 2001

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

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6006 International Blvd
Oakland, CA 94601

SITE

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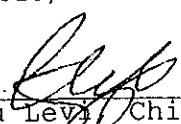
Tom Bauhs
Chevron Products
P.O. Box 6004
San Ramon, CA 94583

Responsible Party (RF) #2
(list of all RPs attached)

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Ariu Levi, Chief
Contract Project Director

Date: 7/11/01

Please Circle One Add Delete Change

Reason: New Case

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

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

7000 0600 0000 5200 7324 0541

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

Recipient's Name (Please Print/Clearly) (to be completed by mailer)
 TOM BANKS / CHEVRON Prod.
 Street Apt. No., or PO Box No.
 P.O. BOX 6004
 City, State, ZIP+4
 SAN RAMON CA 94583

PS Form 3800, February 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

<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>TOM BANKS CHEVRON PRODUCTS P.O. BOX 6004 SAN RAMON, CA 94583</p>		<p>4a. Article Number</p>	
<p>5. Received By: (Print Name)</p> <p>JERRY BOWEN</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X Jerry Bowen</p>		<p>7. Date of Delivery</p> <p>JUL 24 2001</p>	
		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # Z 115 363 996
July 11, 2001

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
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Oakland, CA 94601

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Multiple RPs?: Y

Stanley Ave Affordable
Housing - James Coles
2131 University Ave #224
Berkeley, CA 94704

Responsible Party (RP)
Property Owner

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Ariu Levy, Chief
Contract Project Director
Date: 7/11/01

Please Circle One Add Delete Change
Reason: New Case

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

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:
 STANLEY AVE. AFFORDABLE
 HOUSING
 2131 UNIVERSITY AVE # 224
 BERKELEY, CA 94704

4a. Article Number

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

7. Date of Delivery
 2/13

5. Received By: (Print Name)
 [Signature]

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

6. Signature: (Addressee or Agent)
 X WESLEY SMITH

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

7 115 363 996

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

Sent to	
STANLEY AFF. HOUSING	
Street & Number	
2131 UNIVERSITY AVE #224	
Post Office, State, & ZIP Code	
BERK, CA 94704	
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