HK2, Inc./SEMCO

1751 Leslie Street, San Mateo, California, (415) 572-8033 (415) 572-9734 Fax

October 15, 1996

David Gray 1912 Oak Street Alameda, California 94501

Re: 2801 San Pablo Avenue, Oakland, California

Dear David:

This correspondence is intended to clarify the removal activities located at 2801 San Pablo Avenue in Oakland, California.

Although two dispensers were formerly on site, none were on site at the time of the tank and pipeline removal. Two fuel island pads and related piping were the items removed and disposed.

Sincerely, Chuck Kin

Chuck Kiper President



Cal/EPA

10/15/96 att Susan L. Hugo



September 30, 1996

State Water Resources Control Board

Division of Clean Water Programs

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

2014 T Street. Same 139 Sacramento, CA 95814 (916) 227-4307 FAX (916) 227-4530 DAVID GRAY P O BOX 2377 ALAMEDA, CA 94501

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, REQUEST FOR FURTHER DOCUMENTATION DURING CURSORY REVIEW: CLAIM NUMBER 011824; FOR SITE ADDRESS: 2801 SAN PABLO AVE, OAKLAND

Dear Mr. Gray:

Thank you for your letter dated September 24, 1996 in which you stated that there was no discount received by you when you acquired the property in 1995. However, I need additional information before I can continue processing your claim.

The reports in your file mention two dispensers were removed in addition to the underground storage tank. This contradicts the statement made in your letter. If the USTs were usable (dispensers still in place) at the time of removal, you are required to demonstrate financial responsibility until the site has been issued closure from the Alameda Environmental Health Agency. Please clarify.

In addition, please provide the proper operating permit as requested in my September 3, 1996 letter to you (copy attached). You stated that you obtained the property in a foreclosure from the Sosa's in October 1995, in which case it would appear unreasonable that you would have obtained an operating permit by January 1, 1990. However, the fact that the UST was still in the ground and was subject to the operating permit requirement still remains. In which case, if you cannot locate the proper operating permit from the Alameda Environmental Health Agency dated prior to January 1, 1990, you must request the State Board to waive the operating permit requirement as a condition for acceptance as explained in my September 3, 1996 letter to you.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 227-4539.

Gordon, Analyst

Underground Storage Tank Cleanup Fund

Attachment







September 3, 1996

State Water Resources Control Board

Division of Clean Water Programs

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

2014 T Street, Suite 130 Sacramento, CA 95814 (916) 227-4307 FAX (916) 227-4530 DAVID GRAY P O BOX 2377 ALAMEDA, CA 94501

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, REQUEST FOR FURTHER DOCUMENTATION DURING CURSORY REVIEW: CLAIM NUMBER 011824; FOR SITE ADDRESS: 2801 SAN PABLO AVE, OAKLAND

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

A copy of the permit to own or operate the UST from the local implementing agency dated between January 1, 1984 and January 1, 1990 (pursuant to Chapter 6.7 of the Health and Safety Code).

If you were not subject to the permit requirement, submit documentation to confirm this claim. Situations where the permit was not required by January 1, 1990, can include: a) you removed all USTs prior to January 1, 1990; and not replaced; b) you decommissioned all USTs pursuant to the direction of the regulatory agency prior to January 1, 1984; c) you sold the property and tanks by January 1, 1990.

If you were subject to the permit requirement but falled to comply by January 1, 1990, you can request the State Board to waive the requirement as a condition of eligibility. To request a waiver, complete the attached "Permit Waiver Request" form and return with any additional information requested below.

- A copy of a completed Certificate of Financial Responsibility identifying the State Cleanup Fund and another mechanism used to demonstrate your appropriate level of financial responsibility. (Call Judi Nash at (916) 227-4527 with questions on financial responsibility).
- A copy of a purchase agreement for the site between you and the Sosa's. If not stated in a written agreement, please inform the State Cleanup Fund if you knew of the existence of underground storage tanks at the site and if you received a discount on the purchase price as a result of the tanks and/or contamination.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 227-4539.

Sincerely,

Chervi Gorøøn, Analyst

Underground Storage Tank Cleanup Fund

Attachment



Our imercularity 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.

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM PERMIT WAIVER REQUEST

CLA SITI	MMANT: E ADDRESS:	DAVID GRAY 2801 SAN PABLO AVE, OAKLA	ND	CLAIM NO.: 011824	
the wait the	State Board to	waive the requirement as a com-	ent but failed to comply by Januan dition for eligibility. Where the Stat ble) is twice the amount otherwise of eligible corrective action costs	required. In this case,	
I, D.	AVID GRAY, I	nereby request the State Board to lowing documentation:	grant a permit waiver. To qualify	for the waiver, I am	
1.	The claimant avoid the per	was unaware of the permit requirement or the associated	rement prior to January 1, 1990, ar I fees.	nd there was no intent to	
,	Documentati	on: On the lines below, provide a	brief history of the underground sta ISTs were not permitted by Januar equiring a permit to own or operate	γ 1, 1990. Expiaili	
2.	The claimant	has complied with the financial rety Code (H&SC).	esponsibility requirements of Secti	on 25299.31 of the	
	Documentati regulatory ag	on: Attach a copy of the Certificat jency.	e of Financial Responsibility that is	s on file with the local	
3.	The claiman	t has obtained and paid for all cur	rently required permits.		
Documentation: If you owned or operated the USTs at the time of submitting the claim a attach a copy of the permit to own or operate the USTs or a copy of the application indicing diligently pursuing the acquisition of the permit issued by the local regulatory agency. If removed prior to submittal of the claim application, attach evidence that the USTs were local regulatory agency notified, and a copy of the required removal permit.		ency. If the USTs were swere removed, the			
4.	The claimant has paid all UST fees imposed by Section 25299.41 of the H&SC due on and after January 1, 1991.				
		991, attach the most recent copy with proof of payment. (For furth	operated had product placed in the of the UST Fee Return Form filed er information on this form, contact		
	Oriet Claim	iant Name	Sign Claimant Name		

Note: Mail completed "Permit Waiver Request" and documentation to the address on the cover letter.



Print Claimant Name

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION

10/04/96

UNDERGROUND STORAGE TANK CLEANUP SITE

INSPECTOR: SH AGENCY#: 10000 SOURCE OF FUNDS: -StID: 340 SUBSTANCE: SITE NAME: Vacant DATE REPORTED: ADDRESS : 2801 San Pablo Ave DATE CONFIRMED: CITY/ZIP : Oakland, CA 94608 MULTIPLE RP's : CASE TYPE: CONTRACT STATUS: PRIOR: EMERGENCY RESPONSE: DATE END: RP SEARCH PRELIM ASSESSMENT: DATE BEGIN:
REMEDIAL INVESTIG: DATE BEGIN:
REMEDIAL ACTION: DATE BEGIN:
POST REMED MONITOR: DATE BEGIN: DATE END: DATE END: DATE END: DATE END: TYPE ENFORCEMENT ACTION TAKEN: DATE OF ENFORC. ACTION:

UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

LUFT FIELD MANUAL CONSIDE	ERATION:	CASE CLOSED: on:		
DT EXC START:	REMEDIA	REMEDIAL ACTIONS TAKEN:		
RP #1: CONTACT: RP COMPANY NAME: ADDRESS: CITY/STATE:		RP COST: Ph:		