## ALAMEDA COUNTY HEALTH CARE SERVICES





DAVID J. KEARS, Agency Director

Certified Mail # 7002 (000 0005 0823 2730 March 7, 2003

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

Record ID: R00002524 Shell Service Station 809 E Stanley Blvd Livermore, CA 94550

SITE

Date First Reported: 12/27/2002 Substance: Gasoline

Funding (Federal or State): F

Multiple RPs?: N

Karen Petryna Shell Oil Products US 2255 N. Ontario Burbank, CA 91504

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 Shell Oil Products US 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 Scott Seery, Hazardous Materials Specialist, at this office at (510), 567-6783 for further information about the site designation process.

Amu Le

Date: 3/19/19

roject Director

Please Circle One (Add Delete Change Reason: NEW CASE

c: Lori Casias, SWRCB

Scott Seery, Hazardous Materials Specialist

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY *
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to:  5hell Oil Products US  2255 N. Oatario	If YES, enter delivery address below:
Burbank, CA 91504	3. Service Type  □ Certified Mail □ Express Mall □ Registered □ Return Receipt for Merchandlse □ Insured Mail □ C.O.O.  4. Restricted Delivery? (Extra Fee
2. Article Number 7002 10	
PS Form 3811, August 2001 Domestic Retu	rn Receipt Po 25 24 102595-02-M-1035

U.S. Postal Service **CERTIFIED MAIL RECEIPT** 2730 (Domestic Mail Only; No Insurance Coverage 0.823 Postage 0005 Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here 1000 Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 7002 Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4 PS Form 3800, April 2002