ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY



DAVID J. KEARS, Agency Director

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

July 24, 2009

TERRY GRAYSON CONOCOPHILLIPS 76 BROADWAY STREET SACRAMENTO CA 95818 SON NGUYEN SON T NGUYEN 3420 35TH AVENUE OAKLAND CA 94619

Subject: Fuel Leak Case No. RO0000058 and Geotracker Global ID T0600101465, SITE UNOCAL #6129, 3420 35TH AVE, Oakland CA 94619- Groundwater Monitoring Requirements

Dear Responsible Parties:

The purpose of this correspondence is to inform you of changes to groundwater monitoring requirements for all fuel leak cases in California. The California State Water Resources Control Board (State Water Board) has approved Resolution No. 2009-0042 (Actions to Improve Administration of the UST Cleanup Fund and UST Cleanup Program). Resolution No. 2009-0042 states that, "Regional Water Board and LOP agencies shall reduce quarterly groundwater monitoring requirements to semiannual or less frequent monitoring at all sites unless site-specific needs warrant otherwise and shall notify all responsible parties of the new requirements no later than August 1, 2009. If more than semiannual monitoring is required for a case, the responsible party and State Water board shall be notified of the rationale and the notice shall be posted on Geotracker."

In accordance with Resolution No. 2009-0042, groundwater monitoring for your site is to be reduced from quarterly to semiannual monitoring in the second and fourth quarters per your recommendation.

A semiannual groundwater monitoring should be used only for wells that have been sampled over a minimum of one hydrologic cycle (four consecutive quarters). New monitoring wells should be sampled quarterly for one year before a semiannual monitoring schedule is implemented for new wells.

Any groundwater monitoring wells that are currently sampled on a less frequent schedule than semiannual (annual or longer) may continue to be sampled on the less frequent schedule. Please present results from the semiannual groundwater monitoring in groundwater monitoring reports no later than 60 days following the groundwater sampling event.

If you have any questions, please call me at (510) 639-1279 or send me an electronic mail message at barbara.jakub@acgov.org.

Sincerely.

Barbara J. Jakub, P.G.

Hazardous Materials Specialist

Barbara Jijakul-

Messrs. Grayson and Nguyen RO0000058, July 24, 2009, Page 2

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: James Barnard, Delta Consultants, 11050 White Rock Rd., Suite 110 Rancho Cordova, CA 95670 Anju Farfan, TRC, 21 Technology Drive, Irvine, CA 92618

Leroy Griffin, Oakland Fire Department, 250 Frank H. Ogawa Plaza, Ste. 3341, Oakland, CA 94612-2032 (Sent via E-mail to: lgriffin@oaklandnet.com)

Donna Drogos, ACEH (Sent via E-mail to: <u>donna.drogos@acgov.org</u>)
Barbara Jakub, ACEH (Sent via E-mail to: <u>barbara.jakub@acgov.org</u>)

Geotracker, File

RESPONSIBLE PARTY OF RECORD AS OF 07/22/2009

RO0000058, UNOCAL #6129, 3420 35TH AVE , Oakland, CA, 94619

Alameda County Environmental Health (ACEH) has the following information on record regarding the Responsible Party(ies) for the above referenced site. Please update the following information for our records. Should you have contact information regarding additional Responsible Parties, please correct the information accordingly. Also, please check the "e-mail preferred" box to receive all future correspondences and notifications by e-mail.

□ E-mail Preferred	□ Hardcopy Preferred
ACEH is requesting your e-mail address so that we can correspond with y privacy. Your e-mail address will remain confidential and will not be prov	ou quickly and efficiently regarding your case. Please note that ACEH respects your rided to any third party.
Current Information	Corrections or Additions
TERRY GRAYSON	Name:
CONOCOPHILLIPS	Company:
76 BROADWAY STREET	Address:
SACRAMENTO CA 95818	City: State: Zip:
Terry.L.Grayson@contractor.conocophillips.com	E-mail:
9165587666	Home Phone: ()
	Office Phone: ()
	Cell Phone: ()
SON NGUYEN	Name:
SON T NGUYEN	Company:
3420 35TH AVENUE	Address:
OAKLAND CA 94619	City: State: Zip:
	E-mail:
	Home Phone: ()
	Office Phone: ()

Cell Phone: (____) _____