

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mail # P368 729 423
05/26/99

ENVIRONMENTAL HEALTH SERVICES

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

Notice of Responsibility

StID#: 367
Powell Street Chevron
1400 Powell Street
Emeryville, CA 94608

SITE

Date First Reported 05/13/99
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Mr. David De Witt
Tosco Corporation
2000 Crow Canyon Pl.#400
San Ramon, California 94583

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 TOSCO CORPORATION 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) 227-4349 or telephone (916) 227-4408.

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 Susan Hugo, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

Richard A. Pantages
Richard A. Pantages, Chief
Contract Project Director

Date: MAY 27 1999

Please Circle One Add Delete Change

Reason:

NEW CASE

cc: Lori Casias, SWRCB
Susan Hugo, Hazardous Materials Specialist

Report: Reimb97 5/99

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

05/26/99

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 367
Powell Street Chevron
1400 Powell Street
Emeryville, CA 94608

Date First Reported 05/13/99
Substance: Gasoline
Petroleum (X)Yes
Source: F

Mr. David De Witt
Tosco Corporation
2000 Crow Canyon Pl.#400
San Ramon, California 94583
(925) 277-2384

Responsible Party #1
Property Owner

Mr. Najmeddin Ravan
Powell Street Chevron
1400 Powell Street
Emeryville, California 94608
(510) 653-2251

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. **SUSAN HUGO**
- 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:

Mr. David De Witt
Tosco Corporation
2000 Crow Canyon Pl. #400
San Ramon, CA. 94583

4a. Article Number:

P 368 729 423

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery:

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 368 729 423

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Mr. Dave De Witt	
Street & Number	
Tosco Corporation 2000 Crow	
Post Office, State, & ZIP Code	
Canyon Pl. #400	
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	
MAY 28 1999	

PS Form 3800, April 1995

ALAMEDA COUNTY
HEALTH CARE SERVICES

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Certified Mail # P 368 729 424
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Emeryville, CA 94608

SITE

Date First Reported: 05/13/99
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Source : Federally Funded
MultiRPs?: Yes

Mr. Najmeddin Ravan
Powell Street Chevron
1400 Powell Street
Emeryville, California 94608

Responsible Party (RP) # 2
(list of all RP's attached)

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Contract Project Director

Date MAY 27 1999

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Reason: NEW CASE

C: Lori Casias, SWRCB
Susan Hugo, Hazardous Materials Specialist

Report ReImb97M 5/99

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

05/26/99

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SUSAN HUGO

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3. Article Addressed to:

Mr. Najmeddin Ravan
1400 Powell Street
Emeryville, CA. 94608

4a. Article Number

P 368 729 424

4b. Service Type

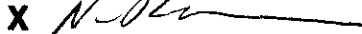
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of JUN 4 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

102595-97-B-0179

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Mr. Najmeddin Ravan	
Street & Number Powell Street Chevron	
1400 Powell Street	
Post Office, State, & ZIP Code Emeryville, CA. 94608	
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	
MAY 28 1999	

PS Form 3800, April 1995