

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #: 7002 2030 0006 9574 2454

October 10, 2008

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

Site Name & Address:

**BP #11132
3201 35TH AVE
Oakland, CA 94619**

**Local ID: RO0000014
Related ID: 3878
RWQCB ID: 01-0227
Global ID: T0600100213**

Responsible Party:

RAJINDER & SUKHVINDE SULL

**2004 HARTNELL STREET
UNION CITY CA 94587**

Date First Reported: 5/10/1990

**Substance: 8006619 Gasoline-Automotive (motor gasoline
and additives), leaded & unleaded**

Funding for Oversight: LOPS - LOP State Fund

Multiple RPs?: Yes

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 BP PRODUCTS NORTH AMERICA INC 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 that 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) 341-5650.

Pursuant to section 25296.10(c)(6) 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 this office for further information about the designation process.

Please contact your caseworker KHATRI, PARESH, at this office at (510)777-2478 if you have questions regarding your site.


ARIU LEVI, Director
Contract Project Director

Date: 10/16/08

Action: Add
Reason: Add RP

ALAMEDA COUNTY ENVIRONMENTAL HEALTH
LUFT LOCAL OVERSIGHT PROGRAM

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET

October 10, 2008

Site Name & Address:

BP #11132
3201 35TH AVE
Oakland, CA 94619

Local ID: RO0000014

Related ID: 3878

RWQCB ID: 01-0227

Global ID: T0600100213

All Responsible Parties

RP has been named a Primary RP - PAUL SUPPLE
BP PRODUCTS NORTH AMERICA INC
PO BOX 1257 | SAN RAMON, CA 94583 | Phone (714) 670-5303

RP has been named a Primary RP - TERRY L GRAYSON
CONOCOPHILLIPS
76 BROADWAY STREET | SACRAMENTO, CA 95818 | Phone (916) 558-7666

RP has been named a Primary RP - RAJINDER & SUKHVINDE SULL

2004 HARTNELL STREET | UNION CITY, CA 94587 | Phone No Phone Number Listed

Responsible Party Identification Background

Alameda County Environmental Health (ACEH) names a "Responsible Party," as defined under 23 C.C.R. Sec. 2720. Section 2720 defines a responsible party 4 ways. An RP can be:

1. "Any person who owns or operates an underground storage tank used for the storage of any hazardous substance."
2. "In the case of any underground storage tank no longer in use, any person who owned or operated the underground storage tank immediately before the discontinuation of its use."
3. "Any owner of property where an unauthorized release of a hazardous substance from an underground storage tank has occurred."
4. "Any person who had or has control over an underground storage tank at the time of or following an unauthorized release of a hazardous substance."

ACEH has named the responsible parties for this site as detailed below.

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET (Continued)

October 10, 2008

Responsible Party Identification

Existence of Unauthorized Release

On March 5, 1986, the USTs failed tank tightness testing. Three groundwater monitoring wells were subsequently installed at the site on July 30, 1986. Sheen was detected on groundwater at the site in December 1986 indicating that an unauthorized release had occurred.

Responsible Party Identification

British Petroleum owned the subject property until 1994. British Petroleum is a responsible party because it owned the USTs (definition 1), operated the USTs for storage of hazardous substances (definition 2), owned the property where an unauthorized release of a hazardous substance from an underground storage tank has occurred (definition 3), and had control over the USTs at the time of or following an unauthorized release of a hazardous substance (definition 4).

Tosco purchased the property in 1994. Conoco Phillips purchased TOSCO and all assets including this property were absorbed by them in December 2005. Conoco Phillips as a successor to TOSCO is a responsible party for the site because they owned and operated the underground storage tanks (Definition 1), and formerly owned the property where an unauthorized release occurred, (Definition 3).

Rajinder S and Sukhvinder Sull purchased the property in May 2007. Rajinder S and Sukhvinder Sull are responsible parties because they own the property where an unauthorized release of a hazardous substance occurred (definition 3).

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Street, Apt. No. or PO Box No.	2004 HARTNELL STREET
City, State, ZIP	UNION CITY, CA 94587

Postmark Here

PS Form 3800, June 2002 See Reverse for Instructions

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #: 7002 2030 0006 9574 2447

October 10, 2008

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
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(510) 567-6700
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Related ID: 3878
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CONOCOPHILLIPS
76 BROADWAY STREET
SACRAMENTO CA 95818**

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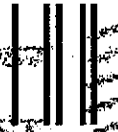
Street, Apt. No.,
or PO Box No. _____

City, State, ZIP+4 _____

**TERRY L. GRAYSON
CONOCOPHILLIPS
76 BROADWAY
SACRAMENTO, CA 95818**

PS Form 3800, June 2002 See Reverse for Instructions

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Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Paresni, RO # 14

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OCT 22 2008

ENVIRONMENTAL HEALTH SERVICES

340

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**TERRY L. GRAYSON
CONOCOPHILLIPS
76 BROADWAY
SACRAMENTO, CA 95818**

2. Article Number
(Transfer from service label)

7002 2030 0006 9574 2447

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Paresni*
 B. Received by (Printed Name) C.

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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4. Restricted Delivery? (Extra Fee) Yes

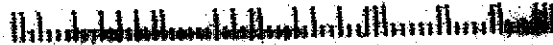
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**Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Paresh, RO # 14**



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X <i>Marnie Law</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Marnie Law</i> <i>10/21/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article addressed to: RAJINDER & SUKHVINDE SULL 2007 HARTNELL STREET UNION CITY, CA 94587	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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