

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

Certified Mail # Z 773 036 541  
02/23/99

Notice of Responsibility

StID# 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

SITE

Date First Reported 02/09/93  
Substance: Gasoline  
Source : Federally Funded  
MultiRPs?: Yes

✓ Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660

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

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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 this office for further information about the site designation process.

Please contact Don Hwang, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

*Richard A. Pantages*

Richard A. Pantages, Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: \_\_\_\_\_

C: Lori Casias, SWRCB  
✓ Don Hwang, Hazardous Materials Specialist

STIP 3

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** Don Hwang

- Complete items 1 and/or additional services.
- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Christopher Wilson  
 Caltrans  
 Box 23660  
 Oakland, CA 94623-0660

4a. Article Number  
 Z 773 036 541

4b. Service Type  
 Registered Mail  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 MAR 10 1999

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

5. Received By: (Print Name)  
 C. TOWER

6. Signature: (Addressee or Agent)  
 X C. Tower

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Z 773 036 541



**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

PS Form 3800, March 1993

Sent to: Christopher Wilson (Cal Trans)	
Street and No. Box 23660	
P.O., State and ZIP Code Oakland, CA 94623-0660	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date March 10, 1999	

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/99

LIST OF RESPONSIBLE PARTIES FOR

SITE
------

 StID: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

Date First Reported 02/09/93  
Substance: Gasoline  
Petroleum (X)Yes  
Source: F

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party #1 Property Owner
--

✓ Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660  
286-5647

Responsible Party #2 Contact Person Contact Company
---

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



Certified Mail # Z 199 067 054  
02/23/99

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

**Notice of Responsibility**

StID#: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

SITE

Date First Reported 02/09/93  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party (RP)  
Property Owner

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Richard A. Pantages, Chief  
Contract Project Director

Please Circle One Add Delete Change

Reason: \_\_\_\_\_

C: Lori Casias, SWRCB  
Don Hwang, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/99

LIST OF RESPONSIBLE PARTIES FOR

SITE	StID: 386 Thomas Short Co. 3430 Wood St Oakland, CA 94607	Date First Reported 02/09/93 Substance: Gasoline Petroleum (X)Yes Source: F
Thomas Laflamme The Thomas A. Short Co. 3430 Wood St. Oakland, Ca 94607	Responsible Party #1 Property Owner	
Christopher Wilson Caltrans Box 23660 Oakland, Ca 94623-0660 286-5647	Responsible Party #2 Contact Person Contact Company	

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

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

Certified Mail # Z 199 067 054  
02/23/99

**Notice of Responsibility**

StID#: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

SITE

Date First Reported 02/09/93  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party (RP)  
Property Owner

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Richard A. Pantages, Chief  
Contract Project Director

Please Circle One Add Delete Change

Reason: \_\_\_\_\_

Cy Lori Casias, SWRCB  
✓ Don Hwang, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/99

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

Date First Reported 02/09/93  
Substance: Gasoline  
Petroleum (X)Yes  
Source: F

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party #1  
Property Owner

*Certified Mail # Z 199 067 056*  
Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660  
286-5647

Responsible Party #2  
Contact Person  
Contact Company

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

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

Certified Mail # Z 199 067 054  
02/23/99

**Notice of Responsibility**

StID#: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

SITE

Date First Reported 02/09/93  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party (RP)  
Property Owner

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

Please Circle One Add Delete Change

Reason: \_\_\_\_\_

C: Lori Casias, SWRCB  
Don Hwang, Hazardous Materials Specialist



ALAMEDA COUNTY  
**HEALTH CARE SERVICES AGENCY**

Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

4580

**CERTIFIED**

Z 199 067 054

**MAIL**



THOMAS LA FLAMME  
THE THOMAS A. SHORT COMPANY  
3430 WOOD STREET  
OAKLAND, CA 94607

94608-4034 05



ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/99

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

Date First Reported 02/09/93  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party #1  
Property Owner

Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660  
286-5647

Responsible Party #2  
Contact Person  
Contact Company

Z 199 067 054



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to <b>Thomas La Flamme</b> <i>The Thomas A. Short</i>	
Street and No. <b>3430 Wood Street</b>	
P.O., State and ZIP Code <b>Oakland, CA 94607</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <b>Feb. 24, 1999</b>	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *Richard Farjes*

*Den Huang* *STID 386*

- Complete **3** and/or 2 for additional services.
- 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:  
**Thomas La Flamme**  
**The Thomas A. Short Co.**  
**3430 Wood Street**  
**Oakland, CA 94607**

4a. Article Number  
**Z 199 067 054**

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X** *Den Huang*

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

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

Certified Mail # Z 199 067 053  
02/23/99 *Thomas La Flamme*

**Notice of Responsibility**

StID# 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

SITE

Date First Reported 02/09/93  
Substance: Gasoline  
Source : Federally Funded  
MultiRPs?: Yes

*Certified Mail # Z 199 067 055*  
Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660

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

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*Richard A. Pantages*

Richard A. Pantages, Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: \_\_\_\_\_

C: Lori Casias, SWRCB  
✓ Don Hwang, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/99

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

Date First Reported 02/09/93  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party #1  
Property Owner

Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660  
286-5647

Responsible Party #2  
Contact Person  
Contact Company



PS Form 3800, March 1993

Sent to  
**Thomas La Flamme**  
Street and No.  
**3430 Wood Street**  
P.O., State and ZIP Code  
**Oakland, CA 94607**

Postage \$  
Certified Fee  
Special Delivery Fee  
Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered  
Return Receipt Showing to Whom, Date, and Addressee's Address

TOTAL Postage & Fees \$  
Postmark or Date  
**Feb. 24, 1999**

**SENDER:** **Richard Partridge's Don Huang StID 386**

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:  
**Thomas La Flamme  
The Thomas A. Short Co.  
3430 Wood Street  
Oakland, CA 94607**

4a. Article Number  
**Z 199 067 053**  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
7. Date of Delivery

5. Received By: (Print Name)  
**Thomas La Flamme**

6. Signature: (Addressee or Agent)  
**Thomas La Flamme**

8. Addressee's Address (Only if requested and fee is paid)  
**Thomas La Flamme  
The Thomas A. Short Co.  
3430 Wood Street  
Oakland, CA 94607**

Thank you for using Return Receipt Service.

102595-97-B-0179 Domestic Return Receipt  
PS Form 3811, December 1994

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

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

Certified Mail # Z 199 067 053  
02/23/99

Notice of Responsibility

StID# 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

SITE

Date First Reported 02/09/93  
Substance: Gasoline  
Source : Federally Funded  
MultiRPs?: Yes

*Certified Mail # Z 199 067 055*  
Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660

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

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*Richard A. Pantages*

Richard A. Pantages, Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: \_\_\_\_\_

C: Lori Casias, SWRCB  
Don Hwang, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

02/23/99

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 386  
Thomas Short Co.  
3430 Wood St  
Oakland, CA 94607

Date First Reported 02/09/93  
Substance: Gasoline  
Petroleum (X)Yes  
Source: F

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party #1  
Property Owner

Christopher Wilson  
Caltrans  
Box 23660  
Oakland, Ca 94623-0660  
286-5647

Responsible Party #2  
Contact Person  
Contact Company

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # 367 604 565

1/29/93  
STID# 386

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

**Notice of Requirement to Reimburse**

Thomas Laflamme  
The Thomas A. Short Co.  
3430 Wood St.  
Oakland, Ca 94607

Responsible Party  
Property Owner

Thomas Short Co.  
3430 Wood St.  
Oakland, CA 94607

SITE Date First Reported 02/09/93  
Substance: Gasoline  
Petroleum: (X) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. **YOU ARE HEREBY NOTIFIED** that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Jennifer Eberle, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case



56.

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>Thomas Laflamme The Thomas A. Short Co. 3430 Wood Street Oakland, CA 94607 STID: 386</p>	<p>4. Article Number 367 604 565</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD <input type="checkbox"/> Express Mail      <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature - Addressee X <i>[Signature]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X <i>[Signature]</i>      4-14-85</p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Mar. 1985 • U.S.G.P.O. 1989-234-555 **DOMESTIC RETURN RECEIPT**

P 367 604 565  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

20-326

SENDER: Complete items 1 and 2 when additional services are desired, and 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this prevents the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- 1.  Show to whom delivered, date, and addressee's address. (Extra charge)
- 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: **B.O.**  
**Thomas Short Company**  
**3430 Wood Street**  
**Oakland, CA 94608**

4. Article Number  
**Z 773 036 458**

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
 X *James F. Adler*

6. Signature - Agent  
 X

7. Date of Delivery  
*6-16-95*

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


PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-208-015

**DOMESTIC RETURN RECEIPT**

Z 199 067 056



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to <b>Christopher Wilson (alt-Trans)</b>	
Street and No. <b>Box 23660</b>	
P.O., State, and ZIP Code <b>Oakland, CA 94623-0660</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <b>Feb. 24, 1999</b>	

Z 199 067 055



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to <b>Christopher Wilson (CalTrans)</b>	
Street and No. <b>Box 23660</b>	
P.O., State and ZIP Code <b>Oakland, CA 94623-0660</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <b>Feb. 24, 1999</b>	