ALAMEDA COUNTY HEALTH CARE SERVICES

AGENCY





ENVIRONMENTAL HEALTH SERVICES

Certified Mail # P 143 588 444 05/15/98

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

Notice of Responsibility

StID#: 143 Unocal Station #4625 3070 Fruitvale Ave Oakland , CA 94602

Date First Reported 05/01/98

Substance: Gasoline

Funding (Federal or State): F

Multiple RPs?: N

Tina Berry Tosco Corporation 2000 Crow Cnyn Pl., # 400 San Ramon, C A 94583

Responsible Party (RP) Property Owner

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 Scott O Seery, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

Richard A. Pantages, Chief Contract Project Director

Making July

Please Circle One (Add) Delete Change

Reason: New Case

C: Lori Casias, SWRCB Scott O Seery, Hazardous Materials Specialist

Report: ReImb97 1/97

#143 P 143 588 444

US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to Tina Berry Street & Number Co Corporation 2000 Crow CnynPl., #400 Post Office, State, & ZIP Code 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 PS Form **3800** TOTAL Postage & Fees \$ Postmark or Date