

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
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July 24, 2009

PAUL SUPPLE
ATLANTIC RICHFIELD COMPANY
PO BOX 1257
SAN RAMON CA 94583

TERRY GRAYSON
CONOCOPHILLIPS
76 BROADWAY STREET
SACRAMENTO CA 95818

RAYMOND YEUNG
NA
1541 PARK ST
ALAMEDA CA 94501-2933

Subject: Fuel Leak Case No. RO0000318 and Geotracker Global ID T0600100207, BP #11266, 1541 PARK ST, Alameda CA 94501 – Groundwater Monitoring Requirements

Dear Responsible Party(ies):

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 site 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 unless site-specific needs warrant otherwise. The semiannual monitoring is to be conducted during either the first and third quarters or during the second and fourth quarters. Please review historic groundwater monitoring results and identify the quarter during which the highest chemical concentrations typically occur in order to select the appropriate semiannual monitoring schedule. As an example, if the highest chemical concentrations in groundwater are typically reported during the first quarter, the wells should be sampled on a first and third quarter monitoring schedule.

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.

Responsible Party(ies)
RO0000318,
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If you have any questions, please call me at (510) 777-2478 or send me an electronic mail message at paresh.khatri@acgov.org.

Sincerely,



Paresh C. Khatri
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: Tom Venus, Broadbent & Associates, Inc., 1324 Mangrove Ave., Suite. 212, Chico, CA 95926
Donna Drogos, ACEH (Sent via E-mail to: donna.drogos@acgov.org)
Paresh Khatri, ACEH (Sent via E-mail to: paresh.khatri@acgov.org)
Geotracker, File

RESPONSIBLE PARTY OF RECORD AS OF 07/22/2009

RO0000318, BP #11266, 1541 PARK ST , Alameda, CA, 94501

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 you quickly and efficiently regarding your case. Please note that ACEH respects your privacy. Your e-mail address will remain confidential and will not be provided to any third party.

Current Information

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Corrections or Additions

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Home Phone: (____) _____
Office Phone: (____) _____
Cell Phone: (____) _____

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