

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ARNOLD PERKINS, DIRECTOR
RAFAT A. SHAHID, DEPUTY DIRECTOR

Certified Mail # Z 296 048 494
12/21/95
STID# 5017

Alameda County CC4580
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

Notice of Requirement to Reimburse

Bob Boust
Unocal Corporation
2000 Crow Cnyn Pl, #400
San Ramon, Ca 94583

Responsible Party (RP) #1
Property Owner

Henry O. Armour
Cordova Corporation
3500 Estudillo Street
San Diego, Ca 92110

Responsible Party (RP) #3
FORMER TANK, BUSINESS
AND PROPERTY OWNER

Unocal Station #7376
4191 1st St
Pleasanton, CA 94566

SITE


Date First Reported 11/08/82
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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 overseeing 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced underground storage tank site, and the above Responsible Party or Parties (RPs) must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter
 12/21/95
 StID# 5017
 Page 2

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 Gordon Coleman, Acting Chief
 Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: New/change in RPs

#5017
 S05

Z 296 048 494



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

PS Form 3800, March 1993

Sent to		Henry O. Armour
Street and No.		3500 Estudillo Street
P.O., State and ZIP Code		San Diego CA 92110
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		

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/21/95

LIST OF RESPONSIBLE PARTIES FOR

SITE	StID: 5017 Unocal Station #7376 4191 1st St Pleasanton, CA 94566	Date First Reported 11/08/82 Substance: Gasoline Petroleum (X) Yes Source: F
------	---	---

Bob Boust
Unocal Corporation
2000 Crow Cnyn Pl, #400
San Ramon, Ca 94583
510-277-2311

Responsible Party #1
Property Owner

Ogden B. Armour
821 San Antonio Place
San Diego, Ca 92106

Responsible Party #2
Contact Person
Contact Company

Henry O. Armour
Cordova Corporation
3500 Estudillo Street
San Diego, Ca 92110

Responsible Party #3
Contact Person
Contact Company

Is your RETURN ADDRESS completed on the reverse side?	SENDER: ■ Complete items 1 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: S. Seery #5017 Henry O. Armour Cordova Corporation 3500 Estudillo Street San Diego CA 92110	4a. Article Number Z 296 048 494
	5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	6. Signature: (Addressee or Agent) X	7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

ENVIRONMENTAL
PROTECTION

95 JAN 22 PM 4:25

CERTIFIED

CC4580



**ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY**

Department Of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Z 296 048 494

MAIL



Handwritten initials: AC

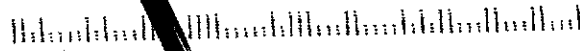
Large handwritten X mark

Henry O. Amour
Cordova Corporation
3500 Estudillo Street
San Diego CA 92110

Large handwritten diagonal slash mark

Handwritten notes:
12/26
11/6
11/2

92110-2005 09



ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ARNOLD PERKINS, DIRECTOR
RAFAT A. SHAHID, DEPUTY DIRECTOR

Certified Mail # Z 296 048 493
12/21/95
STID# 5017

Alameda County CC4580
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

Notice of Requirement to Reimburse

Bob Boust
Unocal Corporation
2000 Crow Cnyn Pl, #400
San Ramon, Ca 94583

Responsible Party (RP) #1
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Ogden B. Armour
821 San Antonio Place
San Diego, Ca 92106

Responsible Party (RP) #2
**FORMER TANK, BUSINESS
AND PROPERTY OWNER**

Unocal Station #7376
4191 1st St
Pleasanton, CA 94566

SITE

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Petroleum: (X)Yes
Source: F

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Reimburse Letter
 12/21/95
 StID# 5017
 Page 2

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Gordon Coleman
 Gordon Coleman, Acting Chief
 Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: New/change in RPs

Z 296 048 493



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Ogden B. Armour	
Street and No. 821 SanAntonio Place	
P.O., State and ZIP Code San Diego CA 92106	
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	

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/21/95

LIST OF RESPONSIBLE PARTIES FOR

SITE	StID: 5017 Unocal Station #7376 4191 1st St Pleasanton, CA 94566	Date First Reported 11/08/82 Substance: Gasoline Petroleum (X) Yes Source: F
-------------	---	---

Bob Boust
Unocal Corporation
2000 Crow Cyn Pl, #400
San Ramon, Ca 94583
510-277-2311

Responsible Party #1
Property Owner

Ogden B. Armour
821 San Antonio Place
San Diego, Ca 92106

Responsible Party #2
Contact Person
Contact Company

Henry O. Armour
Cordova Corporation
3500 Estudillo Street
San Diego, Ca 92110

Responsible Party #3
Contact Person
Contact Company

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/21/95

LIST OF RESPONSIBLE PARTIES FOR

SITE	StID: 5017 Unocal Station #7376 4191 1st St Pleasanton, CA 94566	Date First Reported 11/08/82 Substance: Gasoline Petroleum (X) Yes Source: F
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Bob Boust
Unocal Corporation
2000 Crow Cnyn Pl, #400
San Ramon, Ca 94583
510-277-2311

Responsible Party #1
Property Owner

Ogden B. Armour
821 San Antonio Place
San Diego, Ca 92106

Responsible Party #2
Contact Person
Contact Company

Henry O. Armour
Cordova Corporation
3500 Estudillo Street
San Diego, Ca 92110

Responsible Party #3
Contact Person
Contact Company

Is your RETURN ADDRESS completed on the reverse side?	SENDER: ■ Complete items 1 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: S. Seery #5017 OgdenB. Armour 821 San Antonio Place San Diego CA 92106	4a. Article Number Z 296 048 493
	5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	6. Signature: (Addressee or Agent) X	7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



ALAMEDA COUNTY CC4580
HEALTH CARE SERVICES AGENCY
 Department Of Environmental Health
 Environmental Protection Division
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED

Z 296 048 493

MAIL



RETURNED TO SENDER
 UNDELIVERED
 REASON: *Address changed*
 No such office
 Do not re-mail in this form

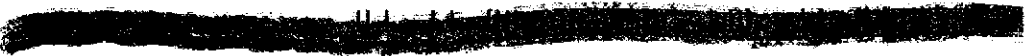
*N-L
613 Om*

NAME
 1st PLACE
 2nd PLACE
 3rd PLACE
 1995

Ogden B. Anderson
 871 San Antonio Place
 San Francisco, CA 92106

*closed
2/24/96
NM*

*NL
NR
613
S.T.
12-27*



ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ARNOLD PERKINS, DIRECTOR
RAFAT A. SHAHID, DEPUTY DIRECTOR

Certified Mail # Z 296 048 492
12/21/95
STID# 5017

Alameda County CC4580
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

Notice of Requirement to Reimburse

Bob Boust
Unocal Corporation
2000 Crow Cnyn Pl, #400
San Ramon, Ca 94583

Responsible Party (RP) #1
Property Owner

Ogden B. Armour
821 San Antonio Place
San Diego, Ca 92106

Responsible Party (RP) #2
FORMER TANK, BUSINESS
AND PROPERTY OWNER

Unocal Station #7376
4191 1st St
Pleasanton, CA 94566

SITE

Date First Reported 11/08/82
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/21/95

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 5017
Unocal Station #7376
4191 1st St
Pleasanton, CA 94566

Date First Reported 11/08/82
Substance: Gasoline
Petroleum (X) Yes
Source: F

Bob Boust
Unocal Corporation
2000 Crow Cyn Pl, #400
San Ramon, Ca 94583
510-277-2311

Responsible Party #1
Property Owner

Ogden B. Armour
821 San Antonio Place
San Diego, Ca 92106

Responsible Party #2
Contact Person
Contact Company

Henry O. Armour
Cordova Corporation
3500 Estudillo Street
San Diego, Ca 92110

Responsible Party #3
Contact Person
Contact Company

#5017
SOS

Z 296 048 492



Receipt for
Certified Mail

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

PS Form 3800, March 1993

Sent to Bob Boust Unocal Corp.	
Street and No. 2000 Crow Canyon Pl., #400	
P.O., State and 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, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

ADDRESS completed on the reverse side

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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: S. Seery #5017	4a. Article Number Z 296 048 492
Bob Boust Unocal Corporation 2000 Crow Canyon Pl., #400 San Ramon CA 94583	4b. Service Type <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
	7. Date of Delivery 12/26/95
6. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) <i>Lucia Martinez</i>	

PS Form 3811, December 1991 *U.S. GPO: 1992-32-714 **DOMESTIC**

Reimburse Letter
12/21/95
StID# 5017
Page 2

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Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: New/change in RPs

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail #Z 773 036 349

10/11/94
STID# 5017

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

Bob Boust
Unocal Corporation
2000 Crow Cyn Pl, #400
San Ramon, Ca 94583

Responsible Party #1
Property Owner

Michael Whelan
Arco Products Company
P. O. Box 5811
San Mateo, Ca 94402

Responsible Party #2
Contact Person
Contact Company

Unocal Station #7376
4191 1st St
Pleasanton, CA 94566

SITE

Date First Reported 11/08/82
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 Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: Add : X Reason: NEW CASE

Z 773 036 349



Receipt for Certified Mail

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

Sent to Michael Whelan	
Street and No. Arco Products Compa	
P. O. Box 5811	
P.O., State and ZIP Code San Mateo, CA 94402	
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	

PS Form 3800, March 1993

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SOS

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:

**Michael Whelan
Arco Products Company
P. O. Box 5811
San Mateo, CA 94402**

4a. Article Number

Z 773 036 349

4b. Service Type

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

7. Date of Delivery

OCT 14 1994

5. Signature (Addressee)

6. Signature (Agent)

[Handwritten Signature]

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

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 773 036 348

10/11/94
STID# 5017

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

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Unocal Corporation
2000 Crow Cnyn Pl, #400
San Ramon, Ca 94583

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Property Owner

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Arco Products Company
P. O. Box 5811
San Mateo, Ca 94402

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Contact Company

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: : X Reason:

Z 773 036 348

SOS



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to	
Bob Boust	
Street and No.	
Unocal Corporation	
200 Crow Canyon Pl #400	
P.O., State and 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, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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SOS

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:

ALCO
HAZMAT
OCT 19 AM 11:50

Bob Boust
Unocal Corporation
2000 Crow Canyon Pl., #400
San Ramon, CA 94583

4a. Article Number
Z 773 036 348

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
OCT 17 1994

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.