

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # P 368 729 433  
07/06/99

ENVIRONMENTAL HEALTH SERVICES

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

Notice of Responsibility

StID#: 1801  
Chevron Station #9-8139  
16304 Foothill Blvd  
San Leandro, CA 94578

SITE

Date First Reported 01/06/87  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y


Harv Dhaliwal  
G & S Associates, Inc.  
4430 Deerfield Way  
Danville, CA 94506

Responsible Party (RP)  
Property Owner

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 Chevron U.S.A. 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 which 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) 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 Scott O Seery, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

  
Date: 7-6-99  
Richard A. Pantages, Chief  
Contract Project Director

Please Circle One Add Delete Change

Reason:

New RP/Property owner

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

P 368 729 433

US Postal Service  
**Receipt for Certified Mail**

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

Sent to Haev Dhaliwal <sup>GAS</sup> Assoc.	
Street & Number 4430 - Deerfield Way	
Post Office, State, & ZIP Code Danville, CA. 94506	
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	
TOTAL Postage & Fees	\$
Postmark or Date <b>JUL 07 1999</b>	

PS Form 3800 April 1995

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):

- Addressee's Add.
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
Haev Dhaliwal  
G & S Associates, Inc.,  
4430 - Deerfield Way  
Danville, CA. 94506

5. Received By: (Print Name)  
*[Signature]*

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

4a. Article Number  
P368729433

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

7. Date of Delivery  
7-17-99

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

Certified Mail # P 368 729 431  
07/06/99

ENVIRONMENTAL HEALTH SERVICES

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

Notice of Responsibility

StID# 1801  
Chevron Station #9-8139  
16304 Foothill Blvd  
San Leandro, CA 94578

SITE

Date First Reported 01/06/87  
Substance: Gasoline  
Source : Federally Funded  
MultiRPs?: Yes

Phil Briggs  
Chevron U.s.a. Inc.  
P. O. Box 5004  
San Ramon, C A 94583-0804

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

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 Chevron U.S.A. 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 which 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 notification 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.

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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 Scott O Seery, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

*Richard A. Pantages* for Date 7-6-99

Richard A. Pantages, Chief  
Contract Project Director

Please Circle One Add Delete Change

Reason: New RP/Property own

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

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

07/06/99

LIST OF RESPONSIBLE PARTIES FOR

**SITE**  
StID: 1801  
Chevron Station #9-8139  
16304 Foothill Blvd  
San Leandro, CA 94578

Date First Reported 01/06/87  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Harv Dhaliwal  
G & S Associates, Inc.  
4430 Deerfield Way  
Danville, C A 94506

Responsible Party #1  
Property Owner

Phil Briggs  
Chevron U.s.a. Inc.  
P. O. Box 5004  
San Ramon, C A 94583-0804

Responsible Party #2  
Contact Person  
Contact Company

P 368 729 431

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <b>PHIL BRIGGS</b> <small>CHEVRON U.S.A. INC.</small>	
Street & Number <b>P.O. Box 5004</b>	
Post Office, State, & ZIP Code <b>SAN RAMON, CA 94583-0804</b>	
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	
TOTAL Postage & Fees	\$

Postmark or Date  
**JUL 07 1998**

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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: <b>PHIL BRIGGS</b> <b>Chevron U.S.A. Inc.,</b> <b>P.O. Box 5004</b> <b>San Ramon, CA 94583-0804</b>	4a. Article Number <b>P368 729 431</b>	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
5. Received By (Print Name) Signature: (Addressee or Agent) <b>Jerry Peterson</b>	7. Date of Delivery <b>1998</b>	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, December 1994

102595-97-B-0179

Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 085

07/10/92  
STID# 1801

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

Notice of Requirement to Reimburse

Kenneth Kan  
Chevron U S A, Inc.  
P.o. Box 5004  
San Ramon, Ca 94583-0804

Responsible Party #1  
Property Owner

Vj Haavisto  
Foothill Chevron #9-8139  
16304 Foothill Blvd.  
San Leandro, Ca 94578

Responsible Party #2  
Contact Person  
Contact Company

Chevron Station #9-8139  
16304 Foothill Blvd.  
San Leandro, CA 94578

SITE

Date First Reported 01/06/87  
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 overseeing removal 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 indentified 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: Sandra Malos, SWRCB

SWRCB Use: Add: X Reason: New Case

P 113 815 085



**Receipt for Certified Mail**

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

(SS) #1801

Sent to <b>Vj Haavisto</b>	
Street and No. <b>16304 Foothill Blvd.</b>	
P.O., State and ZIP Code <b>San Leandro, CA 94578</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	

PS Form 3800, June 1991

Is your RETURN 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.
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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:  
 (SS) #1801  
 Foothill Chevron #9-8139  
 Attn: Vj Haavisto  
 16304 Foothill Blvd.  
 San Leandro, CA 94578

4a. Article Number  
P 113 815 085

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

7. Date of Delivery  
7-16-90

5. Signature (Addressee)  
*Vj Haavisto*

6. Signature (Agent)  
*[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



State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 084

07/10/92  
STID# 1801

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

**Notice of Requirement to Reimburse**

Kenneth Kan  
Chevron U S A, Inc.  
P.o. Box 5004  
San Ramon, Ca 94583-0804

Responsible Party #1  
Property Owner

Vj Haavisto  
Foothill Chevron #9-8139  
16304 Foothill Blvd.  
San Leandro, Ca 94578

Responsible Party #2  
Contact Person  
Contact Company


Chevron Station #9-8139  
16304 Foothill Blvd.  
San Leandro, CA 94578

SITE

Date First Reported 01/06/87  
Substance: Gasoline  
Petroleum: (X) Yes

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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: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 113 815 084



**Receipt for Certified Mail**

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

(SS) #1801

PS Form 3800, June 1991

Sent to <b>Kenneth Kan</b>	
Street and No. <b>P.O. Box 5004</b>	
P.O., State and ZIP Code <b>San Ramon, CA 94583-0804</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	

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- 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.
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- 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: <b>(SS) #1801</b>  <b>Chevron USA Inc.</b> <b>Attn: Kenneth Kan</b> <b>P.O. Box 5004</b> <b>San Ramon, CA 94583-0804</b>		4a. Article Number <b>P 113 815 084</b>
5. Signature (Addressee)		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
6. Signature (Agent) 		7. Date of Delivery <b>JUL 16 1992</b>
		8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.