

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



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

July 24, 2009

J JEANNERO
GERBER PRODUCTS
445 STATE STREET
FREMONT MI 49412

LINDA HOTHEM
LINDA C HOTHEM TRUST
104 CALEDONIA STREET
SAUSALITO CA 949651952

STACIE HARTING-FRERICHS
CHEVRON CORPORATION
6111 BOLLINGER CANYON RD
RM 3596
SAN RAMON CA 94583

Subject: Fuel Leak Case No. RO0000412 and Geotracker Global ID T0600101789, CHEVRON #9-1723, 9757 SAN LEANDRO ST, Oakland CA 94603 – Groundwater Monitoring Requirements

Dear Responsible Party:

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.*"

Implement Semiannual Sampling

The groundwater monitoring wells at your site have not been monitored since July 1998. In accordance with Resolution No. 2009-0042, groundwater monitoring for your site is to be conducted on a semiannual basis unless site-specific needs warrant otherwise. The semiannual monitoring is to be conducted during the first and third quarters. Please present results from the semiannual groundwater monitoring in groundwater monitoring reports no later than 60 days following the groundwater sampling event.

If you believe that another monitoring interval for your site is warranted, you may submit a proposal for an alternative sampling and analysis schedule along with your technical rationale supporting the proposal.

If you have any questions, please call me at (510) 567-6876 or send me an electronic mail message at mark.detterman@acgov.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark E. Detterman", written over a horizontal line.

Mark E. Detterman, PG, CEG
Hazardous Materials Specialist

Responsible Party
RO0000412,
July 24, 2009, Page 2

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: James Kiernan, Conestoga-Rovers & Assoc, 2000 Opportunity Dr, Suite 110, Roseville, CA 95678

Leroy Griffin, Oakland Fire Department, 250 Frank H. Ogawa Plaza, Ste. 3341, Oakland, CA 94612-2032 (*Sent via E-mail to: lgriffin@oaklandnet.com*)

Donna Drogos, ACEH (*Sent via E-mail to: donna.drogos@acgov.org*)

Mark Detterman, ACEH (*Sent via E-mail to: mark.detterman@acgov.org*)

Geotracker, File

RESPONSIBLE PARTY OF RECORD AS OF 07/22/2009

RO0000412, CHEVRON #9-1723, 9757 SAN LEANDRO ST , Oakland, CA, 94603

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

J JEANNERO
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445 STATE STREET
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staciehf@chevron.com
9255432377
9255480010

Corrections or Additions

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

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