ALAMEDA COUNTY

HEALTH CARE SERVICES





DAVID J. KEARS, Agency Director

Certified Mail # Z 330 741 310 12/02/1999

Notice of Responsibility

ENVIRONMENTAL HEALTH SERVICES ENVIRONMENTAL PROTECTION 1131 Harbor Bay Parkway Alameda, CA 94502-6577 (510) 567-6700 (510) 337-9432

StID# 113 Marvin Shell 4411 Foothill Blvd Oakland, CA 94601

SITE

Date First Reported 02/05/1992

Substance: Waste Oil

Source : Federally Funded

MultiRPs?: Yes

J T & Elizabeth G. Watters, Trs. 600 Caldwell Rd Oakland, C A 94611

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 Equiva Services LLC C/o K Petryna 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.

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 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 Barney Chan, Hazardous Materials Specialist at this office at (510) 567-6700 for futher information about the site designation process.

Date /2/7/95

Ariu Levi, Chief

Contract Project Director

Please Circle One

Add Delete Change

Reason:

on: New RP

C: Lori Casias, SWRCB Barney Chan, Hazardous Materials Specialist

Report: ReImb97M 5/99

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

12/02/1999

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 113 Marvin Shell

4411 Foothill Blvd Oakland, CA 94601

Ms. Karen Petryna Equiva Services, L L C P. O. Box 7869 Burbank C A 91501-7869

J T & Elizabeth G. Watters, Trs. 600 Caldwell Rd Oakland, CA 94611 Date First Reported 02/05/1992 Substance: Waste Oil

Petroleum (X) Yes

Source: F

Responsible Party #1 Property Owner

Responsible Party #2 Contact Person Contact Company

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. Addressee's Address 2. Restricted Delivery		ceipt Service.
s your RETURN ADDRESS completed	3. Article Addressed to: 3TID 113 JT + Elizabeth B. Wattees, Tes. 600 Cald well Rd. 5. Received by: (Print Name) 6. Signature Addressee or Agent)	7. Date of Del	ype lall sipt for Merchandise livery		Thank you for using Return Rec
_	PS Form 3811 , December 1994	102595-99	-B-0223 Domest	ic Return Receipt	

ALAMEDA COUNTY HEALTH CARE SERVICES





DAVID J. KEARS, Agency Director

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ENVIRONMENTAL HEALTH SERVICES **ENVIRONMENTAL PROTECTION** 1131 Harbor Bay Parkway Alameda, CA 94502-6577 (510) 567-6700 (510) 337-9432

StID#: 113 Marvin Shell 4411 Foothill Blvd Oakland , CA 94601

Date First Reported 02/05/1992 Substance: Waste Oil Funding (Federal or State): F Multiple RPs?: Y

Ms. Karen Petryna Equiva Services, L L C P. O. Box 7869 Burbank C A 91501-7869

Responsible Party (RP) Property Owner

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Date: / 2/7/55 Please Circle One Add Delete Change

Reason:

Project Director

Lori Casias, SWRCB

Barney Chan, Hazardous Materials Specialist

Report: Reimb97 5/99

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

12/02/1999

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Ms. Karen Petryna Equiva Services, L L C P. O. Box 7869 Burbank C A 91501-7869

J T & Elizabeth G. Watters, Trs. 600 Caldwell Rd Oakland, C A 94611 Date First Reported 02/05/199

Substance: Waste Oil

Petroleum (X)Yes

Source: F

Responsible Party #1 Property Owner

Responsible Party #2 Contact Person Contact Company

				Ruyes	
OBESS completed on the reverse side?	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		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery		eceipt Service.
	Karen Petrynz Eguiva Services LLC P.D. Box 7869	4a. Article Nu 4b. Service T: ☐ Registered ☐ Express M ☐ Return Rece	/pe	E-Centified ☐ Insured ☐ COD	r using Return R
your <u>RETURN AD</u>	5. Received By: (Print Name) 6. Signature (Abdressee or Agent)		ivery OEC 14. S Address (Only ii	requested and	Thank you fo
<u></u>	PS Form 3811 , December 1994	102595-99	B-0223 Domest	c Return Receipt	

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 367 604 198

AGENCY

03/19/92 STID# 113 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

Stan Roller Shell Oil Company P. O. Box 4023 Concord, C A 94524

Responsible Party #1 Property Owner

James Watters And Walter Watters 600 Caldwell Rd Oakland, C A 94611

Responsible Party #2 Contact Person Contact Company

Marvin Shell 4411 Foothill Blvd. Oakland, CA 94601

SITE

Date First Reported 02/05/92

Substance: Waste Oil 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 Susan HUGO, 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 367 604 198

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

34-555	Sent to		
«U.S.G.P.O. 1989-234-555	Street and No. Street and No. Coldwell	.υ¶ 	
S.G.P.O.	P.O. State and ZIP Code	46(1	
Ä	Postage	S	5
	Certified Fee		\d
	Special Delivery Fee		T
	Restricted Delivery Fee		5
	Return Receipt showing to whom and Date Delivered		
PS Form 3800, June 1985	Return Receipt showing to whom, Date, and Address of Delivery		
June	TOTAL Postage and Fees	2.29	
3800,	Postmark or Date	/	
J. III	MAR 2 6	700 a	
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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this sard finds being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)			
3. Article Addressed to: Sho# ル3	4. Article Number P347 604 198		
-bunes batters &	Type of Service:		
walter waters	Registered Insured		
600 Coldwell Rd	Express Mail Return Receipt for Merchandise		
Oakland, CA 94611	Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)		
6. Signature - Agent			
X			
7. Date of Delivery 3/30/97			
PS From 3811, Mar. 1988 + U.S.G.P.O. 1088-212-	PACE PROMISE PACE PACE		

03/19/92

STID# 113

Certified Mail #8367 604

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

> 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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Edgar'B. Howell, III, Chief Contract Project Director

Sandra Malos, SWRCB cc:

SWRCB Use: Add: X Reason: New Case

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P 367 604 197

RECEIPT FOR CERTIFIED MALL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

⊹ U.S.G.P.O. 1989-234-555	Sent to Shell Oil		
1989-	Street and No. Po Box 4023		
S.G.P.O	P.O., State and ZIP Code Concord, CA 94524		
÷0.	Postage	\$	\$
	Certified Fee		70 t
	Special Delivery Fee		4
	Restricted Delivery Fee		3
۱۵.	Return Receipt showing to whom and Date Delivered		
198	Return Receipt showing to whom, Date, and Address of Delivery		
Jun	TOTAL Postage and Fees	2.29	
PS Form 3800, June 1985	Postmark or Date		
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Put your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(ss) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery! (Extra charge)			
3. Article Addressed to: StyDes 113 Shell O'll Co. outn: Stan Roller POBOX 4023 Concord, CA 94524	4. Article Number P36 64 197 Type of Service: Registered Insured Con Con Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature — Address X 6. Signature — Agent X 7. Date of Delivery 3/30/48 3 0 1992	8. Addressee's Address (ONLY if requested and fee paid)		