

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

DENISE PINGSTON
C/O TMG PARTNERS
100 BUSH ST #2600
SAN FRANCISCO CA 941043928
WALT KACZMAREK
PO PARTNERS
UNKNOWN ADDRESS

KEVIN SHIELDS
GRIFFIN CAPITAL INVESTOR
2321 ROSECRANS STE 3290
EL SEGUNDO CA 902454989

C/O TMG PARTNERS
UNKNOWN ADDRESS

Subject: Fuel Leak Case No. RO0000440 and Geotracker Global ID T0600100511, EMERY BAY PLAZA, 1650 65TH ST, Emeryville CA 94608 – 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 May 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 have any questions, please call me at (510) 567-6876 or send me an electronic mail message at mark.detterman@acgov.org.

Sincerely,

Mark E. Detterman, PG, CEG
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions
cc: 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

RO0000440, EMERY BAY PLAZA, 1650 65TH ST , Emeryville, CA, 94608

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

WALT KACZMAREK
PO PARTNERS
UNK
UNK CA 00000

DENISE PINGSTON
C/O TMG PARTNERS
100 BUSH ST #2600
SAN FRANCISCO CA 941043928
dpingston@tmgpartners.com

FIRST2329 LAST2329
C/O TMG PARTNERS
UNK
UNK CA 00000

KEVIN SHIELDS
GRIFFIN CAPITAL INVESTOR
2321 ROSECRANS STE 3290
EL SEGUNDO CA 902454989

Corrections or Additions

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

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

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

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