

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # P 143 589 365
07/11/2000

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

Notice of Responsibility

StID# 2067
Tosco Service Station #0843
1629 Webster St
Alameda, CA 94501

SITE

Date First Reported 10/07/1998
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Dave Dewitt
Tosco
2000 Crow Canyon #400
San Ramon, C A 94583

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

Date 7/14/01

Ariu Levi, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New Property Owner

C: Lori Casias, SWRCB
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

07/11/2000

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 2067
Tosco Service Station #0843
1629 Webster St
Alameda, CA 94501

Date First Reported 10/07/1998
Substance: Gasoline
Petroleum (X) Yes
Source: F

Sam Koka 510 / 865-7631
N/a
2241 Clement Avenue 400
Alameda, C A 94501

Responsible Party #1
Property Owner

Dave Dewitt
Tosco
2000 Crow Canyon #400
San Ramon, C A 94583
925/277-2384

Responsible Party #2
Contact Person
Contact Company

P 143 589 365

US Postal Service
Receipt for Certified Mail

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

Sent to	SAM KOKA
Street & Number	2241 CLEMENT AVE # 400
Post Office, State, & ZIP Code	ALAMEDA, CA 94501
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	

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. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 SAM KOKA
 2241 CLEMENT AVE # 400
 ALAMEDA, CA. 94501

4a. Article Number
 P143 589 365

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

7. Date of Delivery
 7/23/00

5. Received By: (Print Name)
 SAM KOKA

6. Signature: (Addressee or Agent)
 X [Signature]

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

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # Z 115 363 868
10/07/98

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

Notice of Responsibility

StID#: 2067
Tosco Service Station #0843
1629 Webster St
Alameda, CA 94501

SITE

Date First Reported 10/07/98
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Tina Berry
Tosco
2000 Crow Canyon, Ste 400
San Ramon, CA 94583

Responsible Party (RP)
Property Owner

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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 this office for further information about the site designation process.

Please contact Eva Chu, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

Richard A. Pantages, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New case

C: Lori Casias, SWRCB
Eva Chu, Hazardous Materials Specialist

B. CHAN E. Chu
STID# 2067

Z 115 363 868

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
TOSCO/TINA BERRY	
Street & Number	
2000 CROW CANYON RD., STE. 400	
Post Office, State, & 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, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
OCT. 07, 1998	

PS Form 3800, April 1995