

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

R0473

Certified Mail # P 368 729 379
05/25/99

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

Notice of Responsibility

StID# 4473
Freedom Arco Station Mini Mart
15101 Freedom Ave
San Leandro, CA 94578

SITE

Date First Reported 05/20/99
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Hamid Khatirine
C/o Michael D. Liberty
1290 Howard Avenue, #333
Burlingame, Ca 94010

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

Richard A. Pantages
Richard A. Pantages, Chief
Contract Project Director

Date MAY 25 1999

Please Circle One Add Delete Change

Reason: New Case

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

Report: ReImb97M 5/99

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

05/25/99

LIST OF RESPONSIBLE PARTIES FOR

SITE

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15101 Freedom Ave
San Leandro, CA 94578

Date First Reported 05/20/99
Substance: Gasoline
Petroleum (X) Yes
Source: F

Mohammed A. Pazdel
Elaine W. Pazdel
35840 Alcazar Court
Fremont, Ca 94536

Responsible Party #1
Property Owner

Hamid Khatirine
C/o Michael D. Liberty
1290 Howard Avenue, #333
Burlingame, Ca 94010

Responsible Party #2
Contact Person
Contact Company

ALAMEDA COUNTY
HEALTH CARE SERVICES



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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 futher information about the site designation process.

Richard A. Pantages
Richard A. Pantages, Chief
Contract Project Director

Date MAY 25 1999

Please Circle One Add Delete Change

Reason: New Case

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

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

05/25/99

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35840 Alcazar Court
Fremont, Ca 94536

Responsible Party #1
Property Owner

Hamid Khatirine
C/o Michael D. Liberty
1290 Howard Avenue, #333
Burlingame, Ca 94010

Responsible Party #2
Contact Person
Contact Company

P 368 729 379

US Postal Service
Receipt for Certified Mail

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

Sent to Hamid Khatirine	
Street & Number c/o Michael Liberty 1290 Howard Avenue, #333	
Post Office, State, & ZIP Code Burlingame, CA. 94040	
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 MAY 27 1999	

Thank you for using Return Receipt Service.

PS Form 3800 April 1995

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.

SCOTT SEERY

I also wish to receive the following services (for an extra fee):

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

3. Article Addressed to:

HAMID KHATIRINE
c/o MICHAEL D. LIBERTY
1290 HOWARD AVENUE, #333
BURLINGAME, CA. 94010

4a. Article Number
P 368 729 379

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery
6-1

5. Received By: (Print Name)

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

Signature: (Addressee or Agent)
X [Signature]

Is your RETURN ADDRESS completed on the reverse side?

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

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Reason:

New Case

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

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Contact Company

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Responsible Party #2
Contact Person
Contact Company

P 368 729 378

US Postal Service
Receipt for Certified Mail

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

Sent to Mohammed A. Pazdel	
Street & Number Elaine W. Pazdel 35840 Alcazar Court	
Post Office, State, & ZIP Code Fremont, CA. 94536	
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 MAY 27 1999	

Thank you for using Return Receipt Service.

PS Form 3800 April 1995

SENDER: <ul style="list-style-type: none"> 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. 		SCOTT SEERY 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: MOHAMMED A. PAZDEL ELAINE W. PAZDEL 35840 ALCAZAR COURT FREMONT, CA. 94536	4a. Article Number P 368 729 378	
	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	
	7. Date of Delivery	
5. Received By: (Print Name) nature: (Addressee or Agent) X M - A Pazdel	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?