ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY



DAVID J. KEARS, Agency Director

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July 28, 2009

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HARBOR BAY LANDING LLC
PO BOX 117610
BURLINGAME CA 94011-7610

Subject: Fuel Leak Case No. RO0000511 and Geotracker Global ID T0600101198, BP #11270, 3255 MECARTNEY RD, Alameda CA 94501 – Groundwater Monitoring Requirements

Dear Responsible Party(ies):

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."

In accordance with Resolution No. 2009-0042, groundwater monitoring for your site is to be reduced from quarterly to semiannual monitoring unless site-specific needs warrant otherwise. The semiannual monitoring is to be conducted during either the first and third quarters or during the second and fourth quarters. Please review historic groundwater monitoring results and identify the quarter during which the highest chemical concentrations typically occur in order to select the appropriate semiannual monitoring schedule. As an example, if the highest chemical concentrations in groundwater are typically reported during the first quarter, the wells should be sampled on a first and third quarter monitoring schedule.

A semiannual groundwater monitoring should be used only for wells that have been sampled over a minimum of one hydrologic cycle (four consecutive quarters). New monitoring wells should be sampled quarterly for one year before a semiannual monitoring schedule is implemented for new wells.

Any groundwater monitoring wells that are currently sampled on a less frequent schedule than semiannual (annual or longer) may continue to be sampled on the less frequent schedule. Please present results from the semiannual groundwater monitoring in groundwater monitoring reports no later than 60 days following the groundwater sampling event.

Responsible Party(ies) RO0000511, July 28, 2009, Page 2

If you have any questions, please call me at (510) 777-2478 or send me an electronic mail message at paresh.khatri@acgov.org.

Sincerely,

Paresh C. Khatri

Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: Tom Venus, Broadbent & Associates, Inc., 1324 Mangrove Ave., Ste 212, Chico, CA 95926 Donna Drogos, ACEH (Sent via E-mail to: donna.drogos@acgov.org)

Paresh Khatri, ACEH (Sent via E-mail to: paresh.khatri@acgov.org)

Geotracker, File

RESPONSIBLE PARTY OF RECORD AS OF 07/22/2009

RO0000511, BP #11270, 3255 MECARTNEY RD , Alameda, CA, 94501

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 ACEH is requesting your e-mail address so that we can correspond with y privacy. Your e-mail address will remain confidential and will not be provided to the provided to	☐ Hardcopy Preferred you quickly and efficiently regarding your case. Please note that ACEH respe vided to any third party.	cts you
Current Information	Corrections or Additions	
PAUL SUPPLE	Name:	
ATLANTIC RICHFIELD COMPANY	Company:	
PO BOX 1257	Address:	
SAN RAMON CA 94583	City:State:Zip:	
	E-mail:	
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	Office Phone: ()	
	Cell Phone: ()	
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	E-mail:	
	Home Phone: ()	
	Office Phone: ()	

Cell Phone: (____) _____