

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 368 729 425
04/11/97

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

Notice of Responsibility

StID#: 4835
Wood Street Warehouse
2510 Wood St
Oakland, CA 94607

SITE

Date First Reported 03/07/97
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Malcolm Mc Gregor
N/a
7021 Saroni Dr.
Oakland CA 94611

**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 Jennifer Eberle, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.


Gordon Coleman, Chief
Contract Project Director


Please Circle One

Add Delete **Change**

Reason:

RP address

C: Lori Casias, SWRCB

 Jennifer Eberle, Hazardous Materials Specialist

Report: ReImb97 1/97

P 68 729 425

STID 4835

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

Do not use for International Mail (See reverse)

Sent to	
MALCOLM MCGREGOR	
Street & Number	
7021 SARONI DR.	
Post Office, City, State, ZIP Code	
OAKLAND, CA 94611	
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	

PS Form 3800 April 1995

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MALCOLM MCGREGOR
7021 SARONI DR.
OAKLAND, CA 94611

4a. Article Number
P 368 729 425

- 4b. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery
4-15-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Malcolm McGregor*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #P 368 729 380
04/07/97

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

Notice of Responsibility

StID#: 4835
Wood Street Warehouse
2510 Wood St
Oakland, CA 94607

SITE

Date First Reported 03/07/97
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

^{EG}
Malcolm Macgregor
~~Pyre Minerals~~
2510 Wood St.
Oakland CA 94607

7021 Serrano Dr.
Oakland 94607

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.

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Gordon Coleman, Acting Chief
Contract Project Director

Please Circle One Add Delete **Change**

Reason: site name

C: Lori Casias, SWRCB

Jennifer Eberle, Hazardous Materials Specialist

P 368 729 380

US Postal Service
Receipt for Certified Mail

Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to MALCOLM MACGREGOR	
Special Delivery PYRO MINERALS	
2510 WOOD ST	
Post Office, State, & ZIP Code OAKLAND, CA 94607	
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	

PS Form 3800 April 1995

Is your RETURN ADDRESS completed on the reverse side?

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- 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:
MALCOLM MACGREGOR
PYRO MINERALS
2510 WOOD ST.
OAKLAND, CA 94607

4a. Article Number
P 368 729 380

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
4-10-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #Z 196 176 883
03/14/97

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

Notice of Responsibility

StID#: 4835
Pyro Minerals
2510 Wood St
Oakland, CA 94607

SITE

Date First Reported 03/07/97
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Malcolm Macgregor
Pyro Minerals
2510 Wood St.
Oakland CA 94607


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.

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Gordon Coleman, Acting Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: new

C: Lori Casias, SWRCB
 Jennifer Eberle, Hazardous Materials Specialist

Report: ReImb97 1/97

Z 196 176 883



Receipt for Certified Mail STID 4835

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

PS Form 3800, March 1993

Sender	
MALCOLM MACGREGOR	
State and ZIP Code	
PYRO MINERALS	
2510 WOOD ST.	
City, State and ZIP Code	
OAKLAND, CA 94607	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER:

- Complete items 1 and/or 2 for additional services.
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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MALCOLM MACGREGOR
PYRO MINERALS
2510 WOOD ST.
OAKLAND, CA 94607

4a. Article Number

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
3/20

5. Received By: (Print Name)
DANIEL K. SCHERGER

6. Signature: (Addressee or Agent)
X Daniel K. Scherger

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.