

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # **Z 773 036 347**  
08/01/2000

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#: 4103  
Exxon #7-6210  
7840 Amador Valley Blv  
Dublin , CA 94568

**SITE**

Date First Reported 06/12/2000  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

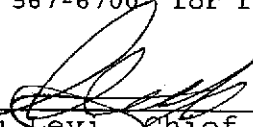
Ramon Estrada  
Valero  
2506 Curran Court  
Pinole, C A 94564-2808

**Responsible Party (RP)  
Property Owner**

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 Exxon Mobil 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 notifications 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 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 Eva Chu, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

  
Ariu Levi, Chief  
Contract Project Director

Date: 8/1/00

Please Circle One  Add  Delete  Change

Reason: Re-open LOP case  
New Property Owner

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

Z 773 036 347



### Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to <b>R. ESTRADA VALEJO</b>	
Street and No. <b>2506 CURTAN CRT.</b>	
P.O., State and ZIP Code <b>PINDLE, CA 94564</b>	
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	

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: <b>RAMON ESTRADA</b> <b>2506 CURTAN CRT.</b> <b>PINDLE, CA 94564-2808</b>	4a. Article Number <b>2 773 036 347</b>	
	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 <b>9-14-00</b>	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <b>X</b> <i>[Signature]</i>		

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # **Z 773 036 338**  
08/01/2000

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# 4103  
Exxon #7-6210  
7840 Amador Valley Blv  
Dublin, CA 94568

**SITE**

Date First Reported 06/12/2000  
Substance: Gasoline  
Source : Federally Funded  
MultiRPs?: Yes


Darin Rouse  
Exxon Mobil  
2300 Clayton Rd. #1250  
Concord, C A 94520

**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 Exxon Mobil 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.

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Ariu Levi, Chief  
Contract Project Director

Date 8/1/00

Please Circle One    Add   Delete   Change

Reason: Reagan Lop case

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

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

08/01/2000

LIST OF RESPONSIBLE PARTIES FOR

**SITE** StID: 4103  
Exxon #7-6210  
7840 Amador Valley Blv  
Dublin, CA 94568

Date First Reported 06/12/2000  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Ramon Estrada  
Valero  
2506 Curran Court  
Pinole, C A 94564-2808  
510/669-0263

Responsible Party #1  
Property Owner

Darin Rouse  
Exxon Mobil  
2300 Clayton Rd. #1250  
Concord, C A 94520  
925/246-8768

Responsible Party #2  
Contact Person  
Contact Company

Z 773 036 338



**Receipt for Certified Mail**

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

Sent to <b>DARIN ROUSE</b>	
Street and No. <b>2300 CLAYTON RD #1250</b>	
P.O., State and Zip Code <b>CONCORD, CA 94520</b>	
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	

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: <b>DARIN ROUSE EXXON MOBIL 2300 CLAYTON RD #1250 CONCORD, CA 94520</b>		4a. Article Number
4b. Service Type <input type="checkbox"/> Registered <input 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 <b>8-11-00</b>
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) <b>X</b> <i>Maria D. Huenda</i>		

PS Form 3800, March 1993

Thank you for using Return Receipt Service.