

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # Z 115 363 984
May 25, 2001

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

Record ID: RO0002435
Chevron Service Station
9-3600
2200 Telegraph Ave.
Oakland, CA 94612

SITE


Date First Reported: 10/24/2001
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Responsible Party (RP) #2
(list of all RPs 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 Chevron USA 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) 341-5808 or telephone (916) 341-5700.

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 Don Hwang, Hazardous Materials Specialist, at this office at (510) 567-6746 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director

Date: 5/29/11

Please Circle One Add Delete Change

Reason: NEW CASE

c: Lori Casias, SWRCB
 Don Hwang, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

May 25, 2001

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: RO0002435
Chevron Service Station 9-3600
2200 Telegraph Ave.
Oakland, CA 94612

Date First Reported 10/24/2001
Substance: Gasoline
Petroleum (X) Yes
Source: F

Ui C. Hwang
909 Trent St.
Concord, CA 94518

Responsible Party #1
Property Owner

Tom Bauhs
Chevron Products
PO Box 6004
San Ramon, CA 94583

Responsible Party #2
Contact Person
Contact Company

7 115 363 984

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, or
- 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:

TOM BAUHS
CHEVRON PRODUCTS
PO BOX 6004
SAN RAMON, CA 94583

4a. Article Number

4b. Service Type

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

7. Date of Delivery

JUN 01 2001

5. Received By. (Print Name)

Signature of Addressee or Agent

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

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	TOM BAUHS
Street & Number	PO BOX 6004
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	

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # Z 115 363 983
May 25, 2001

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
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Notice of Responsibility

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Chevron Service Station 9-3600
2200 Telegraph Ave.
Oakland, CA 94612

SITE

Date First Reported: 10/24/2001
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Ui C. Hwang
909 Trent St.
Concord, CA 94518

Responsible Party (RP)
Property Owner

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Ariu Levi, Chief
Contract Project Director

Date: 5/29/01

Please Circle One Add Delete Change

Reason: NEW CASE

c: Lori Casias, SWRCB
✓ Don Hwang, Hazardous Materials Specialist

Z 115 363 983

US Postal Service
Receipt for Certified Mail

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

PS Form 3800, April 1995

Sent to <i>Li C. HUANG</i>	
Street & Number <i>909 TRENT ST</i>	
Post Office, State, & ZIP Code <i>CONCORD, CA 94518</i>	
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
- Print your name and address on the reverse of this form so that we can return this card to you.
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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:
*Li C HUANG
909 TRENT ST
CONCORD, CA 94518*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

4a. Article Number

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

7. Date of Delivery

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

Thank you for using Return Receipt Service.