

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7001 2510 1997 3859
February 25, 2003

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: RO0002515
Valero Facility 3832
3450 35th Ave
Oakland, CA 94619

SITE

Date First Reported: 06/14/02
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Exxon/Mobil
Gene Ortega
2300 Clayton, #1250
Concord, CA 94520

Responsible Party (RP #3)
(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 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) 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 Lev, Chief
Contract Project Director

Date: 2/21/03

Please Circle One Add Delete Change

Reason: _____

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0007 1997 3859

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To: EXXON MOBIL / GENE ORTEGA
 Street, Apt. No. or PO Box No. 2300 CLAYTON #1250
 City, State, ZIP+4 CONCORD, CA 94619

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete it
- Complete it
- Print your name 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.

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

3. Article Addressed to:
EXXON MOBIL
GENE ORTEGA
2300 CLAYTON #1250
CONCORD, CA 94619

4a. Article Number
7001 2510 0007 1997 3859

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
03/26/23

5. Received By: (Print Name)
GENE ORTEGA

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 # 7001 2510 0007 1997 3842
February 25, 2003

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: RO0002515
Valero Facility 3832
3450 35th Ave
Oakland, CA 94619

SITE

Date First Reported: 06/14/02
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

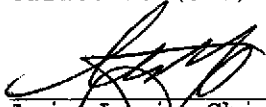
BNY Western Trust
c/o R J Dold
3200 SW FRWY, #3050
Houston, TX 77027

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.

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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 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: 3/17/03

Please Circle One Add Delete Change

Reason: _____

c: ~~I~~ori Casias, SWRCB
~~D~~on Hwang, Hazardous Materials Specialist

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0007 1997 3842

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To: BNY WESTERN TRUST/RS/DIA
 Street, Apt. No.,
 or PO Box No. 3200 SW FRW # 3050
 City, State, ZIP+4 HOUSTON, TX 77027

PS Form 3811, January 2001 See Reverse for Instructions

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:

BNY WESTERN TRUST/RS/DIA
3200 SW FRW # 3050
HOUSTON, TX 77027

7001 2510 0007 1997 3842

4b. Service Type

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

7. Date of Delivery

3/9/03

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7002 0860 0006 1510 3593
February 25, 2003

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: R00002515
Valero Facility 3832
3450 35th Ave
Oakland, CA 94619

SITE

Date First Reported: 06/14/02
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

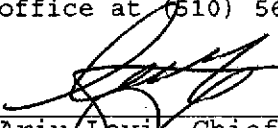
Valero
Joe Aldridge
685 W 3rd St
Hanford, CA 93230

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 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.

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Ariu Levi, Chief
Contract Project Director

Date: 3/27/03

Please Circle One Add Delete Change

Reason: _____

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

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

February 25, 2003

LIST OF RESPONSIBLE PARTIES FOR

SITE	Record ID: R00002515 Valero Facility #3832 5481 Brisa St Livermore, CA 94550	Date First Reported 06/14/02 Substance: Gasoline Petroleum (X) Yes Source: F
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BNY Wester Trust
c/o R J Dold
3200 SW FRWY #3050
Houston, TX 77027

Responsible Party #1 Property Owner
--

Valero
Joe Aldridge
685 W 3rd St
Hanford, CA 93230

Responsible Party #2 Contact Company Contact Person

ExxonMobil
Gene Ortega
2300 Clayton, #1250
Concord, CA 94520

Responsible Party #3 Contact Company Contact Person

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 0860 0006 1510 3593

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to VALERO/JOE Aldridge
 Street, Apt. No.;
 or PO Box No. 685 W. 3RD ST
 City, State, ZIP+4 HANFORD CA 93230

PS Form 3800, April 2002 See Reverse for Instructions

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: <u>VALERO</u> <u>JOE Aldridge</u> <u>685 W. 3RD ST</u> <u>HANFORD, CA 93230</u>	4a. Article Number <u>7002 0860 0006 1510 3593</u>
5. Received By: (Print Name) <u>Dennis Smith</u>	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
6. Signature (Addressee or Agent) <u>X [Signature]</u>	7. Date of Delivery <u>3/25/07</u>
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.