

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0634  
June 17, 2004

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: R00002634  
Reliable Trucking, Inc.  
51 El Charro Rd.  
Pleasanton, CA 94588

SITE

Date First Reported: 03/25/04  
Substance: Diesel  
Funding (Federal or State): F  
Multiple RPs?: Y

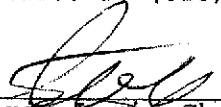
Don Kahler  
Jamieson Company  
PO Box 850  
Pleasanton, CA 94566

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 Jamieson Company 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 that 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 Robert Schultz, Hazardous Materials Specialist, at this office at (510) 567-6719 for further information about the site designation process.

  
Ariu Levy, Chief  
Contract Project Director

Date: 8/17/04

Please Circle One Add Delete Change

Reason: New Case

c: Jennifer Jordan, SWRCB  
Robert Schultz, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS MATERIALS DIVISION

June 17, 2004

LIST OF RESPONSIBLE PARTIES FOR

**SITE**

Record ID: R00002634  
Reliable Trucking, Inc.  
51 El Charro Rd.  
Pleasanton, CA 94588

Date First Reported: 03/25/04  
Substance: Diesel  
Petroleum (X) Yes  
Source: F

Carlos Murillo  
Reliable Trucking, Inc.  
5141 Commercial Circle  
Concord, CA 94520-8523

Responsible Party #1  
Tank Operator  
Tank Owner  
Business Owner

Don Kahler  
Jamieson Company  
PO Box 850

Responsible Party #2  
Property Owner

**PROPERTY OWNER**

JAMIESON Co.  
PO Box 850  
PLEASANTON,  
CA 94566

ATTN: DON KAHLER  
925-455-9000

**SENDER: COMPLETE THIS SECTION**

- Com, items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Don Kahler  
Jamieson Company  
PO Box 850  
Pleasanton, CA 94566

**COMPLETE THIS SECTION ON DELIVERY**

A. Sign  *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Donald G. Kahler* C. Date of Delivery *6/24/04*  
D. Is delivery address different from item 1?  Yes  No  
if YES, enter delivery address below:

Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

**U.S. P  
CERT  
(Domes**

For delive

2. Artic 7002 2030 0006 9574 0634  
(Trac)

PS Form 3811, August 2001

Domestic Return Receipt

NOR3 4/01

7002 2030 0006 9574 0634

**OFFICIAL USE**

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

Postmark Here

Sent To *DON KAHLER - JAMIESON CO*  
Street, Apt. No., or PO Box No. *PO Box 850*  
City, State, ZIP+4 *PLEASANTON, CA 94566*

PS Form 3800, June 2002

See Reverse for Instructions

ALAMEDA COUNTY  
HEALTH CARE SERVICES



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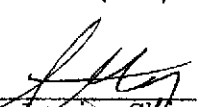
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Ariu Levi, Chief  
Contract Project Director

Date: 6/17/04

Please Circle One Add Delete Change

Reason: New Case

c: Jennifer Jordan, SWRCB  
Robert Schultz, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS MATERIALS DIVISION

June 17, 2004

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Pleasanton, CA 94566

Responsible Party #2  
Property Owner

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the envelope or on the front if space permits.</li> </ul> | <p>A. Sign <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>7002 2030 0006 9574 0627 <input type="checkbox"/> Delivery 6-22-04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> S.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>1. Article Addressed to:</p> <p>Carlos Murillo<br/>Reliable Trucking, Inc.<br/>5141 Commercial Circle<br/>Concord, CA 94520-8523</p>  | <p>2. Article Number (Transfer from service label)</p>  |

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL US

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

Postmark Here

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

Sent To: C. MURILLO - RELIABLE TRK  
 Street, Apt. No., or PO Box No.: 5141 COMMERCIAL CIRCLE  
 City, State, ZIP+4: CONCORD, CA 94520-8523

7002 2030 0006 9574 0627