

ALAMEDA COUNTY  
HEALTH CARE SERVICES



7

AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 1112  
August 30, 2005

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**

Case ID: ~~XXXXXXXXXX~~ 2581

Site Name & Address:

**EAST AVENUE SERVICES**

**4186 EAST AVE**

**LIVERMORE, CA 94550**

Responsible Party:

**THOMAS L. ROBINSON**

**ROBINSON OIL CORPORATION**

**4250 WILLIAMS RD**

**SAN JOSE, CA 95129**

Release Information:

Date First Reported: **5/13/05**

Substance Code: **8006619**

Substance: *Gasoline-Automotive (motor gasoline and additives), leaded & unleaded*

Funding for Oversight:

**LOPF** LOP Federal Fund

Multiple RPs?: **Yes**

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 (Remedial Action Completion Certification). For purposes of implementing section 25297.15, this agency has identified ROBINSON OIL CORPORATION 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) 341-5650.

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 designation process.

Please contact your caseworker Jerry Wickham, at this office at (510) 567-6791 if you have questions regarding your site.

  
\_\_\_\_\_  
ARIU LEVI, Chief  
Contract Project Director

Date: 9/1/05

Circle One: Add Delete Change  
Reason: Add RP

cc: Jenniffer Jordan, SWRCB  
D. Drogos, J. Wickham

Report #6705

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**OFFICIAL USE**

7002 2030 0006 9574 1112

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

Postmark  
Here

Thomas L. Robinson  
 Robinson Oil Corporation  
 4250 Williams Rd.  
 San Jose, CA 95129

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Thomas L. Robinson  
 Robinson Oil Corporation  
 4250 Williams Rd.  
 San Jose, CA 95129

2. Article Number

(Transfer from serv)

7002 2030 0006 9574 1112

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature

X

*Paul Lee*

Agent

Addressee

B. Received by (Printed Name)

*Paul Lee*

C. Date of Delivery

*9-7-05*

D. Is delivery address different from that of the addressee?  
 If YES, enter delivery address below.



3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, August 2001

Domestic Return Receipt

7002-02-02-0000

ALAMEDA COUNTY  
HEALTH CARE SERVICES



7

AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 1105  
August 30, 2005

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**

Case ID: **RO0000081**

Site Name & Address:

**EAST AVENUE SERVICES**  
**4186 EAST AVE**  
**LIVERMORE, CA 94550**

Responsible Party:

**EDWIN F & SUZANNE COATS**  
**EAST AVENUE SERVICES**  
**1727 DOLPHIN PLACE**  
**DISCOVERY BAY, CA 94514**

Release Information:

Date First Reported: **5/13/05**  
Substance Code: **8006619**

Substance: *Gasoline-Automotive (motor gasoline and additives), leaded & unleaded*

Funding for Oversight:

**LOPF**      *LOP Federal Fund*

Multiple RPs?: **Yes**

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 (Remedial Action Completion Certification). For purposes of implementing section 25297.15, this agency has identified **ROBINSON OIL CORPORATION** 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 this office for further information about the designation process.

Please contact your caseworker Jerry Wickham, at this office at (510) 567-6791 if you have questions regarding your site.

\_\_\_\_\_  
ARIU LEVI, Chief  
Contract Project Director

Date: *9/1/05*

Circle One: Add Delete Change  
Reason: **Add RP**

cc: Jennifer Jordan, SWRCB  
D. Drogos, J. Wickham

Report #6705

7002 2030 0006 9574 1105

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

Postmark  
Here

Edwin F. & Suzanne Coats  
East Avenue Services  
1727 Dolphin Place  
Discovery Bay, CA 94514

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete 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:  
  
Edwin F. & Suzanne Coats  
East Avenue Services  
1727 Dolphin Place  
Discovery Bay, CA 94514

**ADDRESSEE: COMPLETE THIS SECTION**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 9/3/05

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  R.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service) 7002 2030 0006 9574 1105

Alameda County  
SEP 08 2005  
Environmental Health

ALAMEDA COUNTY  
HEALTH CARE SERVICES



7

AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 1006  
August 17, 2005

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**

Case ID: [REDACTED]

Site Name & Address:

**EAST AVENUE SERVICES**  
**4186 EAST AVE**  
**LIVERMORE, CA 94550**

Release Information:

Date First Reported: **5/13/05**  
Substance Code: **8006619**

Substance: *Gasoline-Automotive (motor gasoline and additives), leaded & unleaded*

Responsible Party:

**EDWIN F & SUZANNE COATS**  
**EAST AVENUE SERVICES**  
**1727 DOLPHIN PLACE**  
**DISCOVERY BAY, CA 94514**

Funding for Oversight:

**LOPF** *LOP Federal Fund*

Multiple RPs?: **No**

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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 this office for further information about the designation process.

Please contact your caseworker Jerry Wickham, at this office at (510) 567-6791 if you have questions regarding your site.

*[Signature]*  
ARIU LEVI, Chief  
Contract Project Director

Date: 08/18/05

Circle One: <input checked="" type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change
Reason: <b>New Case</b>

cc: Jennifer Jordan, SWRCB  
D. Drogos, J. Wickham

Report #6705

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**OFFICIAL USE**

7002 2030 0006 9574 1006

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

Postmark  
Here

Edwin and Suzanne Coats  
 East Avenue Services  
 1727 Dolphin Place  
 Discovery Bay, CA 94514

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete 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:

Edwin and Suzanne Coats  
 East Avenue Services  
 1727 Dolphin Place  
 Discovery Bay, CA 94514

2. Article Number  
 (Transfer from se)

7002 2030 0006 9574 1006

**COMPLETE THIS SECTION**

A. Signature

*[Handwritten Signature]*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/20/05

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail        C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, August 2001

Domestic Return Receipt

102539-02-02-10-00

Alameda County  
AUG 24 2005  
Environmental Health

Certified Mail # 7002 2030 0006 9574 1006  
August 17, 2005

**NOTICE OF RESPONSIBILITY**

Case ID: **RO0002881**

Site Name & Address:

**EAST AVENUE SERVICES**  
**4186 EAST AVE**  
**LIVERMORE, CA 94550**

Responsible Party:

**EDWIN F & SUZANNE COATS**  
**EAST AVENUE SERVICES**  
**1727 DOLPHIN PLACE**  
**DISCOVERY BAY, CA 94514**

Release Information:

Date First Reported: **5/13/05**  
Substance Code: **8006619**

Substance: *Gasoline-Automotive (motor gasoline and additives), leaded & unleaded*

Funding for Oversight:

**LOPF** *LOP Federal Fund*

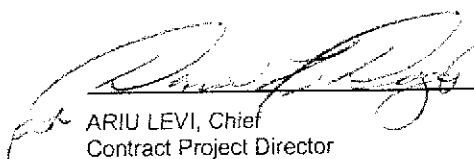
Multiple RPs?: **No**

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ARIU LEVI, Chief  
Contract Project Director

Date: 08/18/05

Circle One:  Add  Delete  Change  
Reason: New Case