

ALAMEDA COUNTY  
HEALTH CARE SERVICES



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AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail #: 7006 3450 0000 0503 3794  
March 16, 2007

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**

Site Name & Address:

SHORE ACRES GAS  
403 E 12TH ST  
OAKLAND, CA 946062310

Local ID: RO0002931  
Related ID: NA  
RWQCB ID:  
Global ID: T0600174667

Responsible Party:

WASEEM G. IQBAL  
SHORE ACRES GAS  
226 HAVENWOOD CIRCLE  
PITTSBURG CA 94565-7364

Date First Reported: 7/21/2006

Substance: 8006619 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. For purposes of implementing section 25297.15, this agency has identified SHORE ACRES GAS 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) 341-5650.

Pursuant to section 25296.10(c)(6) 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 CHAN, BARNEY, at this office at (510)567-6765 if you have questions regarding your site.

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

Date: 3/15/07

Action: Add  
Reason: New case

ALAMEDA COUNTY ENVIRONMENTAL HEALTH  
LUFT LOCAL OVERSIGHT PROGRAM

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET

March 16, 2007

Site Name & Address:

**SHORE ACRES GAS**  
403 E 12TH ST  
OAKLAND, CA 946062310

Local ID: RO0002931

Related ID: NA

RWQCB ID:

Global ID: T0600174667

**All Responsible Parties**

RP has been named a Primary RP - RASHID S GHAFOOR

**SHORE ACRES GAS**

226 HAVENWOOD CIRCLE | PITTSBURG, CA 94565-7364 | Phone (925) 864-7440

RP has been named a RP - WASEEM G IQBAL

**SHORE ACRES GAS**

226 HAVENWOOD CIRCLE | PITTSBURG, CA 94565-7364

**Responsible Party Identification Background**

Alameda County Environmental Health (ACEH) names a "Responsible Party," as defined under 23 C.C.R Sec. 2720. Section 2720 defines a responsible party 4 ways. An RP can be:

1. "Any person who owns or operates an underground storage tank used for the storage of any hazardous substance."
2. "In the case of any underground storage tank no longer in use, any person who owned or operated the underground storage tank immediately before the discontinuation of its use."
3. "Any owner of property where an unauthorized release of a hazardous substance from an underground storage tank has occurred."
4. "Any person who had or has control over an underground storage tank at the time of or following an unauthorized release of a hazardous substance."

ACEH has named the responsible parties for this site as detailed below.

**Existence of Unauthorized Release**

The site is an operating gasoline and diesel fuel facility consisting of two dispenser islands, piping and three 12,000 gallon USTs. On July 10, 2006 two soil borings, GP-1 and GP-2 were drilled to a total depth of 20' bgs adjacent to the USTs. Soil samples were collected at two depths ranging from 12-20' bgs in the borings. Up to 600 ppm TPH-D, 3600 ppm TPH-G, 17, 180, 98, 440, 0.54 ppm, benzene, toluene, ethyl benzene, xylene and MTBE, respectively, were detected in the soil samples. Based upon these results, the site was transferred from the City of Oakland Fire Department to Alameda County Environmental Health (ACEH) in September 2006.

Mr. Rashid S. Ghafoor is the current property owner, tank owner and operator of the underground tanks. Mr. Ghafoor is a responsible party by definitions 1, 3 and 4.

Mr. Wasem G. Iqbal is also the property owner and is a responsible party by definition 3.

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

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Sent To  
 Waseem G. IQBAL  
 Street, Apt. No.,  
 or PO Box No. 226 Havenwood circle  
 City, State, ZIP+4  
 Pittsburg CA 94565-7364

PS Form 3800, August 2006

See Reverse for Instructions

NOR R02931

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:

Waseem G. IQBAL  
 Shore Acres GAS  
 226 Havenwood Circle  
 Pittsburg CA 94565

2. Article Number  
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Waseem G. IQBAL

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

ALAMEDA COUNTY  
HEALTH CARE SERVICES



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AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #: 7006 3450 0000 0503 3787

March 16, 2007

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
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ARTURO LEVI, Director  
Contract Project Director

Date: 3/15/07

Action: Add  
Reason: New case

Attachment A: Responsible Parties Data Sheet

cc: Jenniffer Jordan (SWRCB), D. Drogos

ALAMEDA COUNTY ENVIRONMENTAL HEALTH  
LUFT LOCAL OVERSIGHT PROGRAM

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226 HAVENWOOD CIRCLE | PITTSBURG, CA 94565-7364 | Phone (925) 864-7440

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

Postmark  
Here

Sent To Rashid S. GHAFOOR  
 Street, Apt. No.,  
 or PO Box No. 226 Havenwood circle  
 City, State, ZIP+4 Pittsburg CA 94565-7364

PS Form 3800, August 2006 See Reverse for Instructions

NOR R02931

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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 mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:  <u>Rashid S. GHAFOOR</u>  <u>Shore Acres GAS</u>  <u>226 Havenwood circle</u>  <u>Pittsburg CA 94565-7364</u></p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <u>Rashid S. Ghafoor</u> <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <u>Rashid S. Ghafoor</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
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