



Certified Mail #P368 729 407
09/10/97

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Notice of Responsibility

StID#: 6080
Thoroughbred Building
1397 55th St
Emeryville, CA 94608

SITE

Date First Reported 07/24/97
Substance: Kerosene
Funding (Federal or State): F
Multiple RPs?: N

Mr. Andrew Getz
Thoroughbred Building
1355 Ocean Avenue
Emeryville, California 94608


Responsible Party (RP)
Property Owner -

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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) 227-4349 or telephone (916) 227-4408.

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 site designation process.

Please contact Susan Hugo, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.


Gordon Coleman, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: NEW CASE

C: Lori Casias, SWRCB
Susan Hugo, Hazardous Materials Specialist

Is your RETURN ADDRESS completed on the reverse side?

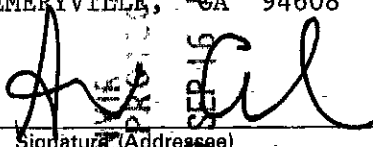
SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:
 MR. ANDREW GETZ
 THOROUGHRED BUILDING
 1355 OCEAN AVE
 EMERYVILLE, CA 94608

5. Signature (Addressee)


6. Signature (Agent)

4a. Article Number
 P368 729 407

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

7. Date of Delivery
 9-12-97

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

Thank you for using Return Receipt Service.

P 368 729 407

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	
MR. ANDREW GETZ	
THOROUGHRED BUILDING	
1355 OCEAN AVE	
EMERYVILLE, CA 94608	
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	

PS Form 3800, April 1995