

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



10/11/98
11/11/98
Director of Environmental Health Services

Certified Mail # 2115363875
12/02/98

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

Notice of Responsibility

StID#: 1247
Lerer Brothers Transmission
6340 Christie Ave
Emeryville, CA 94608

SITE

Date First Reported 10/29/98
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Mr. Richard Gold
Lerer Brothers Transmission
P.O. Box 117820
Burlingame, Ca 94011-7820

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.

Richard A. Pantages, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: NEW CASE

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

Dick

Z 115 363 875

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Mr. Richard Gold	
Street & Number P.O. Box 117820	
Post Office, State, & ZIP Code Burlingame, CA 94011-	
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 1 1995

ALAMEDA COUNTY
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12/02/98

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Certified Mail # *2 115 363 875*
12/02/98

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ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # **Z 115 363 874**
12/02/98

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

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Reason: NEW CASE

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

2 115 363 876

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 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Mr. Richard Gold
Lerer Brothers Transmission
P.O. Box 117820
Burlingame, CA 94011-7820

4a. Article Number
2115363876

4b. Service Type

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

7. Date of Delivery
1/5/99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
X *Richard Gold*

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

2 115 363 876

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

PS Form 3800, April 1995

Sent to
Mr. Richard Gold

Street & Number
P.O. Box 117820

Post Office, State, & ZIP Code
Burlingame, CA 94011

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
12-22-98

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # **Z 115 363 876**
12/02/98

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Mr Richard Gold
 Lerer Brothers Transmission
 6340 Christie Ave.
 Emeryville, CA
 94011-7820

4a. Article Number

Z 115 363 875

4b. Service Type

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

7. Date of Delivery

12/15

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)



Thank you for using Return Receipt Service.

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