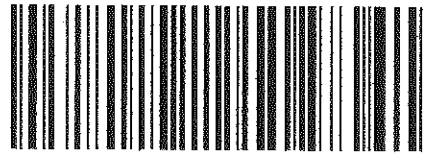


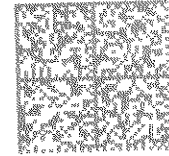


ALAMEDA COUNTY  
HEALTH CARE SERVICES AGENCY  
Environmental Health Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

**CERTIFIED MAIL**



7009 2820 0001 4359 5166



UNITED STATES POSTAGE  
\$03.10  
02 1M  
0004256164 FEB 03  
MAILED FROM ZIP CODE 94502

*NY FOR*  
*2/9/12 8929*  
*MD other man*

~~FRANK W. DUNNE  
FRANK W. DUNNE COMPANY  
707 GLENSIDE CIRCLE  
LAFAYETTE, CA 94549~~

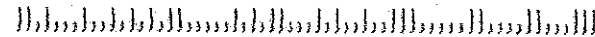
*LATE*

MAIL 945 SE 1 00 02/14/12

RETURN TO SENDER  
NO SUCH STREET  
UNABLE TO FORWARD

EC: 94502654031 \*2505-15014-06-41

94502654031



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 mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><b>FRANK W. DUNNE FRANK W. DUNNE COMPANY 707 GLENSIDE CIRCLE LAFAYETTE, CA 94549</b></p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</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>PS Form 3811, February 2004</p>	<p>3. Service Type  <input checked="" 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>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7009 2820 0001 4359 5166



AGENCY

Certified Mail #: 7009 2820 0001 4359 5166

January 26, 2012

**NOTICE OF RESPONSIBILITY**

**Site Name & Address:**  
**DUNNE QUALITY PAINTS**  
**1007 41ST ST**  
**Oakland, CA 94608**

**Local ID: RO0000073**  
**Related ID: 608**  
**RWQCB ID: 01-1827**  
**Global ID: T0600101693**

Responsible Party:

**FRANK W. DUNNE**  
**FRANK W. DUNNE COMPANY**  
**707 GLENSIDE CIRCLE**  
**LAFAYETTE CA 94549**

**Date First Reported: 2/16/1988**  
**Substance: 116 V., M. & P. Naphtha- includes: petroleum spirits, types 2, 3, & 4; high flash aromatic naphtha's, type I & II; VM & p; naphtha's moderately volatile hydrocarbon solvents, types I, II, AND III**  
**Funding for Oversight: LOPS - LOP State 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 DUNNE QUALITY PAINTS 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) 341-5752.

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 DETTERMAN, MARK, at this office at (510)567-6876 if you have questions regarding your site.

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

Date: 1/30/2012

Action: Add  
Reason: ADD RP