

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

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

Certified Mail # P 143 588 416
01/29/98

Notice of Responsibility

StID# 6897
Gray & Karen Pearce
900 Central Ave
Alameda, CA 94501

SITE

Date First Reported 09/19/97
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

John Holland, Sr.
C/o Edward Martins, Esq.
22698 Mission Road
Hayward, Ca 94541

Responsible Party (RP) # 4
(list of all RP's attached)

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 Larry Seto, Senior 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 Site

Attachment

C: Lori Casias, SWRCB
Larry Seto, Senior Hazardous Materials Specialist

#6897
L. Seto P 143 588 416

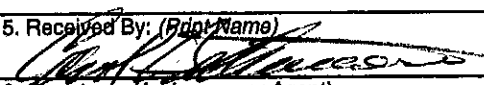
US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to		John Holland, Sr.
Street Number		C/O Edward Martins, Esq. 22698 Mission Rd.
Post Office, State, & ZIP Code		Hayward CA 94541
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

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 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: L. Seto #6897 John Holland, Sr. C/O Edward Martins, Esq. 22698 Mission Road Hayward CA 94541	4a. Article Number P 143 588 416	
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 2-6-98	
5. Received By: (Print Name) 	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #
01/29/98

P 143 588 417

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

Notice of Responsibility

StID# 6897
Gray & Karen Pearce
900 Central Ave
Alameda, CA 94501

SITE

Date First Reported 09/19/97
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Robert Peterson
C/o Laurie Sherwood, Esq.
580 California St., #1335
San Francisco, Ca 94104

Responsible Party (RP) # 3
(list of all RP's attached)

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Richard A. Pantages, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New site

Attachment

C: Lori Casias, SWRCB
Larry Seto, Senior Hazardous Materials Specialist

#6897 P 143 588 417
L. Seto

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Robert Peterson
~~C/O Laurie Sherwood, Esq.~~
Street & Number
580 California St., #1335

Post Office, State, & ZIP Code
San Francisco CA 94104

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

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARNS, Agency Director

Certified Mail # P 143 588 410
01/21/98

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

Notice of Responsibility

STID# 6897
Gray & Karen Pearce
900 Central Ave
Alameda, CA 94501

SITE

Date First Reported 09/19/97
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Dave Thompson
C/ovikki Barron
300 Lakeside Dr., #1045
Oakland, Ca 94612

Responsible Party (RP) # 2
(list of all RP's attached)

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.

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Richard A. Pantages, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New Site

Attachment

C: Lori Casias, SWRCB
Larry Seto, Senior Hazardous Materials Specialist

#6897
LSeto P 143 588 410

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Dave Thompson	
c/o Vikki Barron	
Street & Number 300 Lakeside Dr., #1045	
Post Office, State, & ZIP Code Oakland CA 94612	
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 1985

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

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

Certified Mail #
01/21/98

Notice of Responsibility

StID# 6897
Gray & Karen Pearce
900 Central Ave
Alameda, CA 94501

SITE

Date First Reported 09/19/97
Substance: Gasoline
Source : Federally Funded
MultiRPs?: Yes

Dave Thompson
C/ovikki Barron
300 Lakeside Dr., #1045
Oakland, Ca 94612

Responsible Party (RP) # 2
(list of all RP's attached)

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Richard A. Pantages, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New Site

Attachment

C: Lori Casias, SWRCB
Larry Seto, Senior 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, 4a, and 4b.
- 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: L. Seto #6897

Dave Thompson
C/O Vikki Barron
300 Lakeside Dr., #1045
Oakland CA 94612

4a. Article Number
P 143 588 410

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
1-26-95

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *A. Barron*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

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Alameda, CA 94502-6577
(510) 567-6700
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Certified Mail # P 143 588 409
01/21/98

Notice of Responsibility

StID#: 6897
Gray & Karen Pearce
900 Central Ave
Alameda, CA 94501

SITE

Date First Reported 09/19/97
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Gray Pearce
Na
2235 Guillermo Place
Hayward, CA 94542

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.

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Richard A. Pantages, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New Site

C: Lori Casias, SWRCB
Larry Seto, Senior Hazardous Materials Specialist

#6897 P 143 588 409
L.Seto

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to		Gray Pearce
Street & Number		3235 Guillermo Place
Post Office, State, & ZIP Code		Hayward CA 94542
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