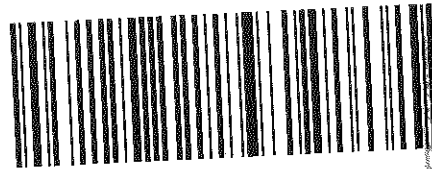




ALAMEDA COUNTY  
 HEALTH CARE SERVICES AGENCY  
 Environmental Health Services  
 1131 Harbor Bay Parkway, Suite 250  
 Alameda, CA 94502-6577

**CERTIFIED MAIL™**



7002 2030 0006 9574 2140

UNITED STATES POSTAGE  
 02 1M  
 0004256164 JAN 30 2012  
 \$ 05.59<sup>00</sup>  
 MAILED FROM ZIP CODE 94502

MARILYN PONTE  
 BAY ROCK RESIDENTIAL LLC  
 1300 CLAY STREET  
 SUITE 620  
 OAKLAND, CA 94612-1427

*M*

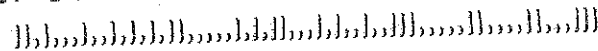
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RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
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945026540





AGENCY

Certified Mail #: 7002 2030 0006 9574 2140

January 26, 2012

**NOTICE OF RESPONSIBILITY**

**Site Name & Address:**

**SAN FRANCISCO FRENCH BREAD COMPANY  
4070 SAN PABLO AVE  
Emeryville, CA 94608**

**Local ID: RO0000171  
Related ID: 1509  
RWQCB ID: 01-1289  
Global ID: T0600101186**

Responsible Party:

**MARILYN PONTE  
BAY ROCK RESIDENTIAL LLC  
1300 CLAY STREET, SUITE 620  
OAKLAND CA 94612-1427**

**Date First Reported: 5/24/1989**

**Substance: 8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded**

**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 OAKS CLUB ROOM 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.

Date: 1/26/2012

ARIU LEVI, Director  
Contract Project Director

Action: Add  
Reason: ADD RP

Attachment A: Responsible Parties Data Sheet

cc: Jenniffer Jorden, SWRCB, D. Drogos (Sent via electronic mail to donna.drogos@acgov.org), File