ALAMEDA COUNTY

HEALTH CARE SERVICES







DAVID J. KEARS, Agency Director

October 31, 2000

Certified Mail # Z 115363 999

Notice of Responsibility

ENVIRONMENTAL HEALTH SERVICES **ENVIRONMENTAL PROTECTION** 1131 Harbor Bay Parkway, Suite 250

Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

StID#: 6703

5630 San Pablo Ave. Oakland, CA 94608

SITE

Date First Reported: 7/6/00 Substance: Gasoline

Funding (Federal or State): F

Multiple RPs?: N

Rita M. Robinson 13199 Skyline Blvd. Oakland, CA 94619 Responsible Party (RP) Property Owner

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 Rita M. Robinson 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 which 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) 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 Don Hwang, Hazardous Materials Specialist at this office at (510) 567-6746 for further information about the site designation process.

Please Circle One

Report: Reimb975199

Ariu Levi, Contract Project Director

Add Delete Change

Reason:

NEW

Lori Casias, SWRCB

Don Hwang, Hazardous Materials Specialist

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 malipiece, or on the back if space does not permit. Write "Return Receipt Requested" on the malipiece 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. Bestricted Delivery Consult bostmaster for fee.
IN ADDRESS completed o	3. Article Addressed to: BITA M. ROVINSON 13199 SKYLINE BUD. OUKLAND, LA 94619	4a. Article Number 5 4b. Service Type 5 Registered 6 Certified 9 Express Mail 6 Insured 9 Return Receipt to Merchandise 1 COD 7. Date of Delivers	
Asyour BETUI	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid) 595-97-8-0179	

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