

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 112 479 181  
06/26/98

Notice of Responsibility

StID# 4262  
NEighborhood Laundromat  
3838 West St  
Oakland, CA 94608

SITE

Date First Reported 01/30/92  
Substance: Gasoline  
Source : Federally Funded  
MultiRPs?: Yes

Johnny B Houston &  
Mary D. Berkeley  
3838 West Street  
Oakland, Ca 94608

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.

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 Eva Chu, 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 property owner  
(Houston + Berkeley)

C: Lori Casias, SWRCB  
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

06/26/98

LIST OF RESPONSIBLE PARTIES FOR

SITE	StID: 4262 NEighborhood Laundromat 3838 West St Oakland, CA 94608	Date First Reported 01/30/92 Substance: Gasoline Petroleum (X)Yes Source: F
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Ms. Barbara Fisher  
Neighborhood Laundromat  
2230 Lakeshore Avenue #2  
Oakland, California 94610

Responsible Party #1 Property Owner
--

Johnny B Houston &  
Mary D. Berkeley  
3838 West Street  
Oakland, Ca 94608

Responsible Party #2 Contact Person Contact Company
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#4262  
 E.CHU P 112 479 181

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		JOHNNY B. HOUSTON & MARY D. BERKELEY
Street & Number		3838 WEST STREET
Post Office, State, & ZIP Code		OAKLAND CA 94608
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		
<b>TOTAL Postage &amp; Fees</b>		\$
Postmark or Date		

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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: E. CHU #4262  JOHNNY B. HOUSTON & MARY D. BERKELEY 3838 WEST STREET OAKLAND CA 94608 Lisa Cravana	4a. Article Number P 112 479 181	7. Date of Delivery 7/10/98
5. Received By: (Print Name) Lisa Cravana 6. Signature: (Addressee or Agent) X	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	
		8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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 143 588 446  
06/26/98

Notice of Responsibility

StID#: 4262  
Neighborhood Laundromat  
3838 West St  
Oakland, CA 94608

SITE

Date First Reported 01/30/92  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

Ms. Barbara Fisher  
Neighborhood Laundromat  
2230 Lakeshore Avenue #2  
Oakland, California 94610

Responsible Party (RP)  
Property Owner

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Please contact Eva Chu, 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 PROPERTY OWNER  
(HOUSTON + BERKELEY)

C: Lori Casias, SWRCB  
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

06/26/98

LIST OF RESPONSIBLE PARTIES FOR

SITE	StID: 4262 NEighborhood Laundromat 3838 West St Oakland, CA 94608	Date First Reported 01/30/92 Substance: Gasoline Petroleum (X)Yes Source: F
Ms. Barbara Fisher Neighborhood Laundromat 2230 Lakeshore Avenue #2 Oakland, California 94610	Responsible Party #1 Property Owner	
Johnny B Houston & Mary D. Berkeley 3838 West Street Oakland, Ca 94608	Responsible Party #2 Contact Person Contact Company	



• Print your name, address, and ZIP Code in this box •

ALAMEDA COUNTY CC4580  
ENVIRONMENTAL HEALTH SERVICES  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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: E. CHU #4262  
RO242  
MS. BARBARA FISHER  
NEIGHBORHOOD LAUNDROMAT  
2230 LAKESHORE AVE., #2  
OAKLAND CA 94610  
94600

4a. Article Number  
P 143 588 446

4b. Service Type  
 Registered  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
7/13/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Barbara Fisher

Thank you for using Return Receipt Service.

#4262

E:CHU P 143 588 446

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to		BARBARA FISHER	
Street & Number		NEIGHBORHOOD LAUNDROMAT 2230 LAKESHORE AVE., #2	
Post Office, State, & ZIP Code		OAKLAND CA 94610	
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			
<b>TOTAL Postage &amp; Fees</b>		<b>\$</b>	
Postmark or Date			

PS Form 3800, April 1995

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 199

10/15/92  
STID# 4262

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

**Notice of Requirement to Reimburse**

Ms. Barbara Fisher

4218 West Street  
Oakland, California 94608

Responsible Party  
Property Owner

Neighborhood Laundromat  
3838 West St.  
Oakland, CA 94608

SITE Date First Reported 01/30/92  
Substance: Gasoline  
Petroleum: (X) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been indentified as the party or parties responsible for investigation and cleanup of the above site. **YOU ARE HEREBY NOTIFIED** that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:  Add: X Reason: New Case



P 113 815 199



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

(SH) #4262 (See Reverse)

Sent to <b>Ms. Barbara Fisher</b>	
Street and No. <b>4218 West Street</b>	
P.O., State and ZIP Code <b>Oakland CA 94608</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:

(SH) #4262

**Ms. Barbara Fisher  
4218 West Street  
Oakland CA 94608**

4a. Article Number

**P 113 815 199**

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

*Barbara Fisher*  
5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, November 1990

U.S. GPO: 1991-287-086

**DOMESTIC RETURN RECEIPT**