

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 143 588 433

4/24/98

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

Notice of Responsibility

StID#: 1233
Ac Transit
1100 Seminary Ave
Oakland, CA 94621

SITE

Date First Reported 01/07/88
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Ms. Suzanne Patton
A C Transit District
10626 E. 14th St.
Oakland CA 94603

**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.

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 Barney Chan, 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

C: Lori Casias, SWRCB
Barney Chan, Hazardous Materials Specialist

#1233 P 143 588 433

B. Chan

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
MS. Suzanne Patton A C Transit District	
Street & Number	
10626 E. 14th Street	
Post Office, State, & ZIP Code	
Oakland CA 94603	
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

RO 296

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: B. Chan #1233
 Ms. Suzanne Patton
 AC Transit District
 10626 E. 14th Street
 Oakland CA 94603

4a. Article Number
 143 588 433

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

7. Date of Delivery
 5/198

5. Received By: (Print Name)
 JAMES A. BONDY (Buyer)

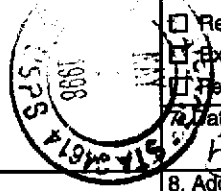
8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X James A. Bondy

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.



20296

is your RETURN ADDRESS completed on the reverse side?

- INSTRUCTIONS:**
- 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 will show to whom the article was delivered and the date delivered.

U.S. POSTAGE
 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:
 BRUCE KING
 c/o AC TRANSIT
 1600 Franklin Street
 Oakland, CA 94612

8-04WA
 55 JUN 18 11 28 AM '95
 4a. Article Number
 3-036-463

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

7. Date of Delivery
 1/17/95

5. Signature (Addressee)

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

6. Signature (Agent)
 VINCENT J. JAMES 1/17/95

Thank you for using Return Receipt Requested