



7

AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0955
July 22, 2005

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

Notice of Responsibility

Record ID: R00000389
Cooper Tire Shop
1200 East 12th Street
Oakland, CA 94606

SITE

Date First Reported: 08/14/1996
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

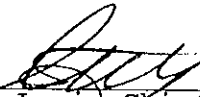
Li Run X & Qiu Feng Y
1200 East 12th Street
Oakland, CA 94606

Responsible Party (RP) #2
(list of all RPs attached)

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 Robert Baston 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) 341-5700.

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 Jerry Wickham, Hazardous Materials Specialist, at this office at (510) 567-6791 for further information about the site designation process.


Date: 7/21/05
Ariu Levi, Chief
Contract Project Director

Please Circle One Add Delete Change
Reason: _____

c: Jenniffer Jordan, SWRCB
Jerry Wickham, Hazardous Materials Specialist

7002 2030 0006 9574 0955

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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

To: Li Run X & Qui Feng Y
 At: 1200 East 12th Street
 City: Oakland, CA 94606

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Li Run X & Qui Feng Y
1200 East 12th Street
Oakland, CA 94606

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
7/27/05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Registered Express Mail
 Insured Mail Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 2030 0006 9574 0955

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

Alameda County
AUG 01 2005
Environmental Health

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

July 22, 2005

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: R00000389
Cooper Tire Shop
1200 East 12th Street
Oakland, CA 94606

Date First Reported: 08/14/1996
Substance: Gasoline
Petroleum (X) Yes
Source: F

Robert Baston
61 Skyway Lane
Oakland, CA 94606

Responsible Party #1
Tank Owner
Tank Operator

Li Run X & Qiu Feng Y
1200 East 12th Street
Oakland, CA 94606

Responsible Party #2
Property Owner

ALAMEDA COUNTY
HEALTH CARE SERVICES



7

AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0948
July 22, 2005

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

Notice of Responsibility

Record ID: R00000389
Cooper Tire Shop
1200 East 12th Street
Oakland, CA 94606

SITE

Date First Reported: 08/14/1996
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Robert Baston
61 Skyway Lane
Oakland, CA 94619

Responsible Party (RP) #1
(list of all RPs attached)

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 Robert Baston 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) 341-5700.

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 Jerry Wickham, Hazardous Materials Specialist, at this office at (510) 567-6791 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director
Date: 7/24/05

Please Circle One Add Delete **Change**
Reason: Add current owner

c: Jenniffer Jordan, SWRCB
Jerry Wickham, Hazardous Materials Specialist

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Robert Baston
61 Skyway Lane
Oakland, CA 94619

PS Form 3800, June 2002

See Reverse for Instructions

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

July 22, 2005

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: R00000389
Cooper Tire Shop
1200 East 12th Street
Oakland, CA 94606

Date First Reported: 08/14/1996
Substance: Gasoline
Petroleum (X) Yes
Source: F

Robert Baston
61 Skyway Lane
Oakland, CA 94606

Responsible Party #1
Tank Owner
Tank Operator

Li Run X & Qiu Feng Y
1200 East 12th Street
Oakland, CA 94606

Responsible Party #2
Property Owner

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # Z 115 363 865
10/07/98

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#: 3284
Former Cooper Tire Shop
1200 E 12th St
Oakland, CA 94606

SITE

Date First Reported 08/14/96
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Mr. Robert Baston
N / A
61 Skyway Lane
Oakland CA 94619

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

Is your RETURN ADDRESS completed on the reverse side?

Complete the following services:

- Print your name and address on the return card to you.
- Attach this form to the front of the mailpiece, or on the back if you are using a return card.
- 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.

3. Article Addressed to: **B. CHAN STID# 3284**

4a. Article Number: **Z 115 363 865**

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

7. Date of Delivery: **10/21/90**

8. Addressee's Address (Only if requested and fee is paid):
MR. ROBERT BASTON
N / A
61 SKYWAY LANE
OAKLAND, CA. 94619

5. Received By: (Print Name) **Robert Baston**
 Signature: (Addressee or Agent) *[Signature]*

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Complete the following services:

- Print your name and address on the return card to you.
- Attach this form to the front of the mailpiece, or on the back if you are using a return card.
- 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.

3. Article Addressed to: **MR. ROBERT BASTON**
61 SKYWAY LANE
OAKLAND, CA 94619
STID # 3284

4a. Article Number: **Z 196 176 781**

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

7. Date of Delivery: **10/21/90**

8. Addressee's Address (Only if requested and fee is paid):
MR. ROBERT BASTON
N / A
61 SKYWAY LANE
OAKLAND, CA. 94619

5. Signature (Addressee) *[Signature]*
 6. Signature (Agent) *[Signature]*

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

PS Form 3811, December 1994 102595-97-B-0179 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

B. CHAN
STID# 3284
Z 115 363 865

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: **MR. ROBERT BASTON**
 Street & Number: **61 SKYWAY LANE**
 Post Office, State, & ZIP Code: **OAKLAND, CA. 94619**

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: **10-07-98**

PS Form 3800, April 1995