

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



Certified Mail # Z 773 036 549  
03/17/99

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#: 4081  
East Bay Dischargers  
2651 Grant Ave  
San Lorenzo, CA 94580

SITE

Date First Reported 02/26/99  
Substance: Diesel  
Funding (Federal or State): F  
Multiple RPs?: N

Karl Royer  
East Bay Dischargers Authority  
2651 Grant Avenue  
San Lorenzo, C A 94580-1841

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 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 Case

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** Eva Chu <sup>STIP</sup> 4081  
 ■ 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.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Karl Royer  
 East Bay Dischargers  
 Authority  
 2651 Grant Avenue  
 San Lorenzo, CA 94580-1841

4a. Article Number  
 Z 773 036 549  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
 3/19/99

5. Received By: (Print Name)  
 C.V. WEIR

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

6. Signature: (Addressee or Agent)  
 x [Signature]

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 773 036 549



**Receipt for Certified Mail**

No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

Sent to	
Karl Royer (Dischargers)	
Street and No.	
2651 Grant Avenue	
P.O., State and ZIP Code	
San Lorenzo, CA 94580-1841	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	

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March 18, 1999