

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0863
June 10, 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: R00000516
Hooshi's Auto Service
1499 MacArthur Blvd.
Oakland, CA 94602

SITE

Date First Reported: 10/3/90
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Naomi Gatzke
1545 Scenicview Dr.
San Leandro, CA 94577

**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 Naomi Gatzke 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 Don Hwang, Hazardous Materials Specialist, at this office at (510) 567-6746 for further information about the site designation process.

Date: 6/10/05
Ariu Levi, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: Tom English deceased

c: Jenniffer Jordan, SWRCB
Don Hwang, Hazardous Materials Specialist

7002 2030 0006 9574 0863

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®
OFFICIAL USE

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

Postmark
Here

Sent To
Naomi Gatzke
1545 Scenicview Dr.
San Leandro, CA 94602

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:

Naomi Gatzke
1545 Scenicview Dr.
San Leandro, CA 94602

COMPLETE THIS SECTION (FOR ADDRESSEE)

A. Signature Agent Addressee
Naomi Gatzke

B. Received by (Printed Name) Agent Addressee
Naomi Gatzke

C. Date of Delivery
JUN 15 2005

D. Is delivery address different from Item 1? Yes No
 If Yes, enter delivery address below.
San Leandro, CA 94602

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7002 2030 0006 9574 0863**
 (Transfer from service label)

CLAIM NO. 008519

LOCAL AGENCY NO. _____

SITE ADDRESS 1499 MacArthur Blvd., Oakland

CORRECTIVE ACTION COMPLIANCE DOCUMENTATION

PAGE 3

DATE ACTION REQUIRED/RESPONSE

# of pages ▶ 4	
Post-It™ brand fax transmittal memo 7671	
To Cheryl Gordon	From J. Eberle
Co.	Co.
Dept.	Phone #
Fax #	Fax #

10-6-94

see attached

CONFIRMATION OF CORRECTIVE ACTION COMPLIANCE:

After reviewing the lead agency site file, the claim reviewer has determined that the claimant is in substantial compliance with corrective action requirements.

Cheryl Gordon
REVIEWER'S SIGNATURE

10-6-94
DATE SIGNED

LEAD AGENCY CONCURRENCE:

As of this date, the lead agency representative concurs with the determination that the claimant is in compliance with applicable corrective action requirements.

J. Eberle
SIGNATURE

10-6-94
DATE SIGNED

STAFF RECOMMENDATION: () APPROVED

() REFERRED TO TEAM LEADER - See Comments, Page 2.

REVIEWER'S SIGNATURE:

DATE SIGNED

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # Z 773 036 314

07/15/94
STID# 3597

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 HARBOR BAY PARKWAY, 2ND FLOOR
ALAMEDA, CA 94502-6577

(510) 271-4530

Notice of Requirement to Reimburse

Mr. Tom English
Na-
1545 Scenic View Dr.
San Leandro, Ca 94577

Responsible Party #1
Property Owner

Hooshi Ghassemi
Hooshi's Auto Repair
1499 Macarthur Blvd.
Oakland C A 94602

Responsible Party #2
Contact Person
Contact Company


Hooshi's Auto Service
1499 Macarthur Blvd
Oakland, CA 94602

SITE

Date First Reported 10/03/90
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 site investigation 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 identified 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 Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: Change: X Reason: add #2

Z 773 036 314



Receipt for ^{JE} Certified Mail

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

Sent to TOM ENGLISH	
Street and No. 1545 SCENIC VIEW DR.	
P.O., State and ZIP Code CA 94577 SAN LEANDRO	
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, March 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. ^{JE}
- 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.

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:
TOM ENGLISH
1545 SCENIC VIEW DR.
SAN LEANDRO CA 94577

4a. Article Number
Z 773 036 314

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

7. Date of Delivery
AUG 8 - 1994

5. Signature (Addressee)

6. Signature (Agent)
Thomas R. English

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # Z 773 036 309

07/15/94
STID# 3597

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 HARBOR BAY PARKWAY, 2ND FLOOR
ALAMEDA, CA 94502-6577

(510) 271-4530

Notice of Requirement to Reimburse

Mr. Tom English
Na-
1545 Scenic View Dr.
San Leandro, Ca 94577

Responsible Party #1
Property Owner

Hooshi Ghassemi
Hooshi's Auto Repair
1499 Macarthur Blvd.
Oakland C A 94602

Responsible Party #2
Contact Person
Contact Company


Hooshi's Auto Service
1499 Macarthur Blvd
Oakland, CA 94602

SITE

Date First Reported 10/03/90
Substance: Gasoline
Petroleum: (X) Yes

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


Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: Change: X Reason: add #2

Z 773 036 309



**Receipt for JE
Certified Mail**

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

PS Form 3800, March 1993

Sent to HOOSHI GHASSEMI	
Street and No. 1499 MACARTHUR BLVD.	
P.O., State and ZIP Code OAKLAND CA 94602	
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	



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

certified mailer #P 367 603 989
March 18, 1992
STID# 3597

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

Mr. Tom English
1545 Scenic Drive
San Leandro, CA 94578

Responsible Party
Property Owner
Contact Person

Hooshi's Auto Service
1499 MacArthur Blvd.
Oakland, CA 94602

SITE

Date First Reported: 10/3/90
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 identified 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.

If you have any questions concerning this matter please contact Susan L. Hugo, Senior Hazardous Material Specialist, at (510) 271-4530.

Sincerely,

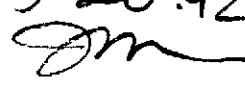

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use : add: X Reason: New case

P 367 603 989
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1989-234-555
 PS Form 3800, June 1985

Sent to	MR. TOM ENGLISH	
Street and No.	1545 SCENIC DR.	
P.O., State and ZIP Code	SAN LEANDRO, CA	
Postage	94578	\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$2.29	
Postmark or Date	3-20-92 	

STID 3597

Instructions: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) *SH*
 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>STID 3597</i> MR. TOM ENGLISH 1545 SCENIC DR. SAN LEANDRO, CA 94578	4. Article Number <i>P 367 603 989</i> Type of Service: <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
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid) MAR 23 1992
6. Signature - Agent X <i>Thomas R English</i>	
7. Date of Delivery	