

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 143 588 392
09/15/97

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

StID#: 6529
U C Gill Tract
1050 San Pablo Ave
Albany , CA 94710

SITE

Date First Reported 09/11/97
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

Susan Spencer
U C - Berkeley, E H & S
317 University Hall #1150
Berkeley, C A 94720-1150


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 Pam Evans,
at this office at (510) 567-6700 if you have any further questions.


Gordon Coleman, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New Case

C: Lori Casias, SWRCB
Pam Evans,

Is your RETURN ADDRESS completed on the reverse side?

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: P. Evans
#6529

Susan Spencer
U C Berkeley, E H & S
317 University Hall, #1150
Berkeley CA 94720-1150

4a. Article Number
P 143 588 392

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
SEP 19 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

#6529 P 143 588 392
PE

US Postal Service
Receipt for Certified Mail

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

Sent to Susan Spencer	
Street & Number UC Berkeley E H & S	
317 University Hall #1150	
Post Office, State, & ZIP Code Berkeley CA 94720-1150	
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