

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0689  
September 2, 2004

Notice of Responsibility

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

Record ID: RO0002513  
Clamp Swing  
2515 Blanding Ave.  
Alameda, CA 94501

SITE

Date First Reported 2/19/2003  
Substance: Heating Oil  
Funding (Federal or State): F  
Multiple RPs?: N

Cal Vita Limited Liability  
C/o Janet Koike  
2237 Prince Street  
Berkeley, CA 94705

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 Janet Koike 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 which 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) 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 Amir Gholami, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

  
Date: 9/2/04  
Ariu Levy, Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason:

NEW CASE

C: Jennifer Jordan, SWRCB  
Amir K. Gholami, Hazardous Materials Specialist

7002 2030 0006 9574 0689

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

For delivery information visit our website at [www.usps.com](http://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 **JANET KOIKE/CALVITA LTD LIABILITY**  
 Street, Apt. No., or PO Box No. **2237 PRINCE ST.**  
 City, State, ZIP+4 **BERKELEY, CA 94705-1854**

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:

**JANET KOIKE  
 CALVITA LIMITED LIABILITY  
 2237 PRINCE ST.  
 BERKELEY, CA  
 94705**

2. Article Number  
(Transfer from service label) **7002 2030 0006 9574 0689**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** 

B. Received by (Printed Name) **JANET KOIKE** C. Date of Delivery **9/8/04**

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

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

4. Restricted Delivery (Extra Fee)  Yes

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # 7001 2510 0007 1997 3803  
February 19, 2003

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: R00002513  
Clamp Swing  
2515 Blanding Ave  
Alameda, CA 94501

SITE

Date First Reported: 2/26/2001  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: N

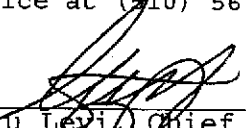
Wilfred Garfinkle  
2938 Northwood Dr  
Alameda, CA 94501

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 Wilfred Grafinkle 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 which 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 Amir Gholami, Hazardous Materials Specialist, at this office at (510) 567-6876 for further information about the site designation process.

  
Amir Levi, Chief  
Contract Project Director

Date: 3/1/03

Please Circle One  Add  Delete  Change

Reason: NEW CASE

c: Lori Casias, SWRCB  
Amir Gholami, Hazardous Materials Specialist

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

7001 2510 0007 1997 3903

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Sent To: W. CARFINKLE  
 Street, Apt. No., or PO Box No.: 2938 NORTHWOOD DR  
 City, State, ZIP+4: ALAMEDA, CA 94501

PS Form 3806, January 2001 (Rev. 10-01) See Reverse for Instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:  <u>WILFRED CARFINKLE</u>  <u>2938 NORTHWOOD DR</u>  <u>ALAMEDA, CA 94501</u></p> <p>2. Article Num <u>7001 2510 0007 1997 3903</u>  <small>(Transfer from 1100 1000)</small></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <u>Wilma Carfinkle</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <u>Wilma Carfinkle</u></p> <p>C. Date of Delivery  <u>15 MAR 2003</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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