

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

2598

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Certified Mail # 7002 2030 0006 9574 0368
April 7, 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: R00002598
Neptune Apartments
600 Central Ave.
Alameda, CA 94621

SITE

Date First Reported 7/14/2003
Substance: Heating Oil
Funding (Federal or State): F
Multiple RPs?: N

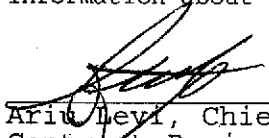
George Haldeman
3286 Jackson St.
San Francisco, CA 94118

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 George Haldeman 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: 4/9/04
Amir Levi, Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: NEW CASE

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

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4574 9574
9000 0006
0300 2030
2002 7002

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Sent To <u>GEORGE HALDEMAN</u>	
Street, Apt. No., or PO Box No. <u>3286 JACKSON ST.</u>	
City, State, ZIP+4 <u>SAN FRANCISCO, CA 94118</u>	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION DELIVERY
<ul style="list-style-type: none">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.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <u>[Signature]</u>
1. Article Addressed to:	B. Received by (Printed Name)
<u>GEORGE HALDEMAN</u> <u>3286 JACKSON ST.</u> <u>SAN FRANCISCO, CA 94118</u>	C. Date of Delivery <u>4/23</u>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes