

ALAMEDA COUNTY  
HEALTH CARE SERVICES



7

AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0467  
September 16, 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: ~~XXXXXXXXXX~~  
ANG Newspapers  
4770 Willow Rd.  
Pleasanton, CA 94588

SITE

Date First Reported: 06/25/03  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

Henry Rice  
Ranch Kao Noulou  
PO Box 390  
Kula, HI 96790

Responsible Party (RP) #2  
(list of all RPs attached)

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 ANG Newspapers 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 Jerry Wickham, Hazardous Materials Specialist, at this office at (510) 567-6791 for further information about the site designation process.

  
Ariu Levi, Chief  
Contract Project Director

Date: 9/19/02

Please Circle One Add Delete Change

Reason: New case

c: Jenniffer Jordan, SWRCB  
Scott Seery, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS MATERIALS DIVISION

September 12, 2005

LIST OF RESPONSIBLE PARTIES FOR

**SITE**

Record ID: RO0002605  
ANG Newspapers  
4770 Willow Rd.  
Pleasanton, CA 94588

Date First Reported: 06/25/03  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Mark Criswell  
ANG Newspapers  
401 13<sup>th</sup> St.  
Oakland, CA 94612

Responsible Party #1  
Tank Owner  
Tank Operator

Henry Rice  
Ranch Kao Noulu  
PO Box 390  
Kula, HI 96790

Responsible Party #2  
Property Owner

7002 2030 0006 9574 0467

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

Henry Rice  
Ranch Kao Noulu .....  
PO Box 390 .....  
Kula, HI 96790 .....

PS Form 3800, June 2002 See Reverse for Instructions

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0467  
September 16, 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

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Pleasanton, CA 94588

SITE

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Multiple RPs?: Y

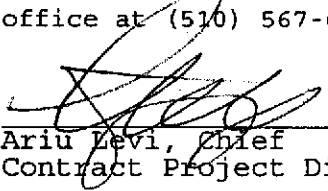
Henry Rice  
Ranch Kao Noulu  
PO Box 390  
Kula, HI 96790

Responsible Party (RP) #2  
(list of all RPs attached)

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Ariu Levi, Chief  
Contract Project Director

Date: 9/19/02

Please Circle One  Add  Delete  Change

Reason: New case

c: Jenniffer Jordan, SWRCB  
Scott Seery, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS MATERIALS DIVISION

September 12, 2005

LIST OF RESPONSIBLE PARTIES FOR

**SITE** Record ID: RO0002605  
ANG Newspapers  
4770 Willow Rd.  
Pleasanton, CA 94588

Date First Reported: 06/25/03  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Mark Criswell  
ANG Newspapers  
401 13<sup>th</sup> St.  
Oakland, CA 94612

Responsible Party #1  
Tank Owner  
Tank Operator

Henry Rice  
Ranch Kao Noulu  
PO Box 390  
Kula, HI 96790

Responsible Party #2  
Property Owner

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>09/23/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Henry Rice Ranch Kao Noulu PO Box 390 Kula, HI 96790</p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number <u>7002 2030 0006 9574 0467</u>          (Transfer from service)</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081</p>	

Environmental Health  
 SEP 28 2005  
 Alameda County

ALAMEDA COUNTY  
HEALTH CARE SERVICES



7

AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0443  
September 15, 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 [REDACTED]  
ANG Newspapers  
4770 Willow Rd.  
Pleasanton, CA 94588

SITE

Date First Reported: 06/25/03  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

Mark Criswell  
ANG Newspapers  
401 13<sup>th</sup> St.  
Oakland, CA 94612

Responsible Party (RP) #1  
(list of all RPs attached)

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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 Jerry Wickham, Hazardous Materials Specialist, at this office at (510) 567-6791 for further information about the site designation process.

  
Ariu Levy, Chief  
Contract Project Director

Date: 9/16/05

Please Circle One  Add  Delete  Change

Reason: New case

c: Jenniffer Jordan, SWRCB  
Scott Seery, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION  
HAZARDOUS MATERIALS DIVISION

September 12, 2005

LIST OF RESPONSIBLE PARTIES FOR

**SITE**

Record ID: RO0002605  
ANG Newspapers  
4770 Willow Rd.  
Pleasanton, CA 94588

Date First Reported: 06/25/03  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

Mark Criswell  
ANG Newspapers  
401 13<sup>th</sup> St.  
Oakland, CA 94612

Responsible Party #1  
Tank Owner  
Tank Operator

Henry Rice  
Ranch Kao Noulu  
PO Box 390  
Kula, HI 96790

Responsible Party #2  
Property Owner

7002 2030 0006 9574 0443

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

Mark Criswell  
ANG Newspaper  
401 13<sup>th</sup> Street  
Oakland, CA 94612

PS Form 3800, June 2002 See Reverse for Instructions

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0443  
September 15, 2005

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

Notice of Responsibility

Record ID: R00002605  
ANG Newspapers  
4770 Willow Rd.  
Pleasanton, CA 94588

SITE

Date First Reported: 06/25/03  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: Y

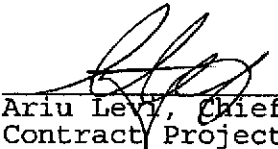
Mark Criswell  
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HAZARDOUS MATERIALS DIVISION

September 12, 2005

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Pleasanton, CA 94588

Date First Reported: 06/25/03  
Substance: Gasoline  
Petroleum (X) Yes  
Source: F

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Oakland, CA 94612

Responsible Party #1  
Tank Owner  
Tank Operator

Henry Rice  
Ranch Kao Noulu  
PO Box 390  
Kula, HI 96790

Responsible Party #2  
Property Owner

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<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>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Ch. Ming Cheung 9/24/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mark Criswell ANG Newspaper 401 13<sup>th</sup> Street Oakland, CA 94612</p>	<p>3. Service Type</p> <p><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>2. Article Number: <u>7002 2030 0006 9574 0443</u> <small>(Transfer from service label)</small></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081