

ALAMEDA COUNTY
HEALTH CARE SERVICES



7

AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0979
August 17, 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

Case ID:

Site Name & Address:

SBC
1612 SOLANO AVE
ALBANY, CA 94607

Responsible Party:

JAMES STEHR
SBC
2600 CAMINO RAMON ROOM 3E000P
SAN RAMON, CA 94583

Release Information:

Date First Reported: **7/1/04**
Substance Code: **12034**

Substance: *Diesel fuel oil and additives, Nos.1-D, 2-D, 2-4*

Funding for Oversight:

LOPF *LOP Federal Fund*

Multiple RPs?: **No**

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 (Remedial Action Completion Certification). For purposes of implementing section 25297.15, this agency has identified SBC 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) 341-5650.

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 designation process.

Please contact your caseworker Jerry Wickham, at this office at (510) 567-6791 if you have questions regarding your site.

ARIU LEVI
Date: 08/18/05
ARIU LEVI, Chief
Contract Project Director

Circle One: <input checked="" type="radio"/> Add <input type="radio"/> Delete <input type="radio"/> Change
Reason: New Case

cc: Jennifer Jordan, SWRCB
D. Drogos, J. Wickham

Report #6705

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Total Postage & Fees	\$

Postmark
Here

James Stehr
 SBC
 2600 Camino Ramon, Rm. #3E00P
 San Ramon, CA 94583

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:

James Stehr
 SBC
 2600 Camino Ramon Rm. #3E00P
 San Ramon, CA 94583

2. Article Number

(Transfer from service)

7002 2030 0006 9574 0979

PS Form 3811, August 2001

Domestic Return Receipt

102335-02-10-0300

ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M Berryman* Agent
 Addressee

B. Received by (Printed Name)

Berryman

C. Date of Delivery

8/22/05

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes