

ALAMEDA COUNTY
HEALTH CARE SERVICES



SENT
8-19-05

AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0993
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: **RO0002880**

Site Name & Address:

MONTEREY APARTMENTS

748 LINCOLN AVE

ALAMEDA, CA 94501

Responsible Party:

ROBER G & CAROLYN A BOND

MONTEREY APARTMENTS

865 HALLMARK DRIVE

REDDING, CA 96001

Release Information:

Date First Reported: **6/27/05**

Substance Code: **12**

Substance: *Heater fuel*

Funding for Oversight:

LOPS *LOP State 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 **MONTEREY APARTMENTS** 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 Amir Gholami, at this office at (510) 567-6876 if you have questions regarding your site.


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: Jenniffer Jordan, SWRCB
D. Drogos, A. Gholami

Report #6705