

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail #: 7002 2030 0006 9574 2782

February 26, 2010

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**

**Site Name & Address:**

**CENTER TWENTY-ONE FRANKLIN TOWER  
2100-2150 FRANKLIN ST  
OAKLAND, CA 94612**

**Local ID: RO0002984  
Related ID: NA  
RWQCB ID: NA  
Global ID: T10000000422**

**Responsible Party:**

**DONALD ROGERS  
BRANDYWINE REALITY TRUST  
2101 WEBSTER ST #1600  
OAKLAND CA 94612**

**Date First Reported: 7/21/2008**

**Substance: 12,7439921 Multiple Releases**

**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. For purposes of implementing section 25297.15, this agency has identified BRANDYWINE REALITY TRUST 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) 341-5650.

Pursuant to section 25296.10(c)(6) 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 KHATRI, PARESH, at this office at (510)777-2478 if you have questions regarding your site.

Date: 2/25/10

ARIU LEVI, Director  
Contract Project Director

Action: Add  
Reason: New Case

Attachment A: Responsible Parties Data Sheet

cc: Jenniffer Jordan, SWRCB, D. Drogos, File

ALAMEDA COUNTY ENVIRONMENTAL HEALTH  
LUFT LOCAL OVERSIGHT PROGRAM

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET

February 26, 2010

Site Name & Address:

**CENTER TWENTY-ONE FRANKLIN TOWER  
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OAKLAND, CA 94612**

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RWQCB ID: NA  
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**All Responsible Parties**

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**RP has been named a Primary RP - DONALD ROGERS  
BRANDYWINE REALTY TRUST  
2101 WEBSTER ST #1600 | OAKLAND, CA 94612 | Phone (510) 457-9770**

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**Responsible Party Identification Background**

Alameda County Environmental Health (ACEH) names a "Responsible Party," as defined under 23 C.C.R. Sec. 2720. Section 2720 defines a responsible party 4 ways. An RP can be:

1. "Any person who owns or operates an underground storage tank used for the storage of any hazardous substance."
2. "In the case of any underground storage tank no longer in use, any person who owned or operated the underground storage tank immediately before the discontinuation of its use."
3. "Any owner of property where an unauthorized release of a hazardous substance from an underground storage tank has occurred."
4. "Any person who had or has control over an underground storage tank at the time of or following an unauthorized release of a hazardous substance."

ACEH has named the responsible parties for this site as detailed below.

**Existence of Unauthorized Release**

On May 26, 2006, one 1,300-gallon underground storage tank was removed from the site. Soil sample analytical results detected TPH-d and TPH-mo at concentrations of 7,300 mg/kg and 5,700 mg/kg, respectively, indicating that the soil has been impacted with petroleum hydrocarbons. Groundwater sample analytical results detected TPH-d and TPH-mo at concentrations of 64,000 µg/L and 57,000 µg/L, respectively indicating that the groundwater has also been impacted with petroleum hydrocarbons.

**Responsible Party Identification**

Brandywine Realty Trust has owned the subject property from May 1, 2006. Brandywine Realty Trust is a responsible party because it owned the property where an unauthorized release of a hazardous substance from an underground storage tank has occurred (definition 3).

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Alameda County Environmental Health  
1131 Harbor Bay Pkwy  
Suite 250  
Alameda, CA 94502-6577

R02964

1131  
3/7/06



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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>DONALD ROGERS BRANDYWINE REALTY TRUST 2101 WEBSTER ST. #1600 OAKLAND, CA 94612</b>	B. Received by (Printed Name) <i>Samantha Salmer</i>	C. Date of Delivery <i>3/7/06</i>
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  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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  <b>7002 2030 0006 9574 2782</b>	