

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #: 7002 2030 0006 9574 2621

December 18, 2008

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:

**SPARKS PROPERTY
1424 HARRISON ST
OAKLAND, CA 94612**

**Local ID: RO0002992
Related ID: NA
RWQCB ID:
Global ID: T0600100961**

Responsible Party:

**WILLIAM AND CLAIRE SPENCER
WILLIAM AND CLAIRE SPENCER TRUST
99 S HILL DRIVE
BRISBANE CA 94005-1215**

Date First Reported: 7/23/2007

**Substance: 8006619 Gasoline-Automotive (motor gasoline
and additives), leaded & unleaded**

Funding for Oversight: LOPS - LOP State Fund

Multiple RPs?: Yes

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 JOEL AND GEORGE SPARKS 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 WICKHAM, JERRY, at this office at (510)567-6791 if you have questions regarding your site.



ARIU LEVI, Director
Contract Project Director

Date: 12/21/08

Action: Add
Reason: ADD RP

ALAMEDA COUNTY ENVIRONMENTAL HEALTH
LUFT LOCAL OVERSIGHT PROGRAM

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET

January 02, 2009

Site Name & Address:

SPARKS PROPERTY
1424 HARRISON ST
OAKLAND, CA 94612

Local ID: RO0002992

Related ID: NA

RWQCB ID:

Global ID: T0600100961

All Responsible Parties

RP has been named a Primary RP - JOEL AND GEORGE SPARKS
JOEL R AND GEORGE WILLIAM JR SPARKS
74819 DEPOT | IRRIGON, OR 97844 | Phone No Phone Number Listed

RP has been named a RP - WILLIAM AND CLAIRE SPENCER
WILLIAM AND CLAIRE SPENCER TRUST
99 S HILL DRIVE | BRISBANE, CA 94005-1215 | Phone No Phone Number Listed

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.

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET (Continued)

January 02, 2009

Responsible Party Identification

Existence of Unauthorized Release

Two underground storage tanks (USTs) were closed in place beneath the sidewalk at 1424 Harrison Street in Oakland on April 29, 1991 by filling the tanks with a cement slurry. Subsequent to the closure in place of the two USTs at 1424 Harrison Street in 1991, soil and groundwater sampling was conducted as part of a site investigation for leaking fuel USTs at 1432 Harrison Street. In addition to numerous borings advanced at 1432 Harrison Street, several soil borings were advanced in the immediate area of the closed in place USTs at 1424 Harrison Street. Total petroleum hydrocarbons (TPH) as gasoline were detected in shallow soil beneath the closed in place USTs at concentrations up to 1,900 milligrams per kilogram (mg/kg). Benzene was detected in shallow soil beneath the closed in place USTs at concentrations up to 35 mg/kg. The distribution of fuel hydrocarbons in shallow soil in the area of the two USTs closed in place beneath the sidewalk at 1424 Harrison Street appears to be the result of an unauthorized release from the USTs, piping, or dispensers at 1424 Harrison Street.

Responsible Party Identification

Joel R. and George W. Sparks owned the USTs until they were removed in 1991. Joel R. and George W. Sparks were the property owners for 1424 Harrison Street from 1981 up until 2002. Joel R. and George W. Sparks are responsible parties because they owned and operated the USTs immediately before the discontinuation of their use (Definition 2), were the property owners where an unauthorized release from a UST occurred (Definition 3), and had control of USTs at the time of or following an unauthorized release (Definition 4).

The William D. and Claire A. Spencer Trust purchased the property on March 22, 2002. The William D. and Claire A. Spencer Trust is a responsible party because they are the current owner of a property where an unauthorized release from a UST has occurred (Definition 3).

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Postage	\$	Postmark Here
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Total Postage		WILLIAM AND CLAIRE SPENCER WILLIAM AND CLAIRE SPENCER TRUST 99 SOUTH HILL DRIVE BRISBANE, CA 94005-1215
Sent To		
Street, Apt. No. or PO Box No.		
City, State, ZIP+4		

PS Form 3800, June 2002 See Reverse for Instructions

7002 2030 0006 9574 2621

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First Class Mail
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• Sender: Please print your name, address, and ZIP+4 in this box •

Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Jerry, RO#2992

540



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON 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. 	<p>A. Signature x <i>Jerry Ball</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JERRY BALL</i></p> <p>C. Date of Delivery <i>1/6/08</i></p>
<p>1. Article Addressed to:</p> <p>WILLIAM AND CLAIRE SPENCER WILLIAM AND CLAIRE SPENCER TRUST 99 SOUTH HILL DRIVE BRISBANE, CA 94005-1215</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>Alameda County</i> <i>JAN 07 2008</i> <i>Environmental Health</i></p> <p>3. Service Type <input checked="" 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 (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7002 2030 0006 9574 2621</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #: 7002 2030 0006 9574 2614

December 18, 2008

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
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NOTICE OF RESPONSIBILITY

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**JOEL AND GEORGE SPARKS
JOEL R AND GEORGE WILLIAM JR SPAI
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IRRIGON OR 97844**

Date First Reported: 7/23/2007

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ARIU LEVIN, Director
Contract Project Director

Date: 12/24/08

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Reason: ADD RP

ALAMEDA COUNTY ENVIRONMENTAL HEALTH
LUFT LOCAL OVERSIGHT PROGRAM

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JOEL AND GEORGE SPARKS	
JOEL R AND GEORGE WILLIAM JR	
Sent To	SPA
Street, or PO B	74819 DEPOT
City, State, ZIP+4	IRRIGON, OR 97844
PS Form 3800, June 2002	
See Reverse for Instructions	

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• Sender: Please print your name, address, and ZIP+4 in this box •

Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Jerry, Room 2992

85 2 48 91 NVC 60Z
2009 JAN 16 PM 2

~~LOCAL OVERSIGHT~~

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<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. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joel Sparks</i></p> <p>C. Date of Delivery <i>1-9-09</i></p>
<p>1. Article Addressed to:</p> <p>JOEL AND GEORGE SPARKS JOEL R AND GEORGE WILLIAM JR SPA 74819 DEPOT IRRIGON, OR 97844</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>3. Service Type <input checked="" 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 (Transfer from service label)</p>	<p>7002 2030 0006 9574 2614</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	