

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #: 7006 3450 0000 0503 0397

June 09, 2009

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:

**MCCORMACK/CHACKERIAN PROPERTY
5925 OCEAN VIEW DR
OAKLAND, CA 94618**

**Local ID: RO0003003
Related ID: NA
RWQCB ID: NA
Global ID: T10000001165**

Responsible Party:

KATRINA RAPA

**5925 OCEAN VIEW DR
OAKLAND CA 94612**

Date First Reported: 5/7/2009

Substance: 12 Heater fuel

Funding for Oversight: LOPS - LOP State Fund

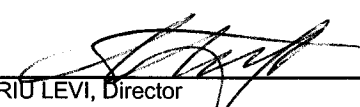
Multiple RPs?: Yes

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 KATRINA RAPA 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

Please contact your caseworker DETTERMAN, MARK, at this office at (510)567-6876 if you have questions regarding your site.


ARIU LEVI, Director
Contract Project Director

Date: 6/22/09

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

June 09, 2009

Site Name & Address:

MCCORMACK/CHACKERIAN PROPERTY
5925 OCEAN VIEW DR
OAKLAND, CA 94618

Local ID: RO0003003
Related ID: NA
RWQCB ID: NA
Global ID: T10000001165

All Responsible Parties

RP has been named a Primary RP - CYNTHIA CHACKERIAN
C/O MCCORMACK LAW FIRM
120 MONTGOMERY ST #1600 | SAN FRANCISCO, CA 94104 | Phone (415) 440-6662

RP has been named a Primary RP - BRIAN MCCORMACK
C/O MCCORMACK LAW FIRM
120 MONTGOMERY ST #1600 | SAN FRANCISCO, CA 94104 | Phone (415) 440-6662

RP has been named a Primary RP - JOHN MOREHOUSE

5925 OCEAN VIEW DR | OAKLAND, CA 94612 | Phone (415) 512-3016

RP has been named a Primary RP - KATRINA RAPA

5925 OCEAN VIEW DR | OAKLAND, CA 94612 | Phone (415) 672-0355

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.

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:

**KATRINA RAPA
5925 OCEAN VIEW DRIVE
OAKLAND, CA 94618**

2. Article Number
(Transfer from service label)

7006 3450 0000 0503 0403

PS Form 3811, February 2004

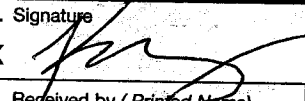
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X



Agent
 Addressee

B. Received by (Printed Name)

Katrina Rapa

C. Date of Delivery

7-7-09

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

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:

**Katrina Rapa
5925 Ocean View Drive
Oakland, CA 94612**

2. Article Number
(Transfer from service label)

7006 3450 0000 0503 0397

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Yolanda Cole

Agent
 Addressee

B. Received by (Printed Name)

Yolanda Cole

C. Date of Delivery

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

3. Service Type

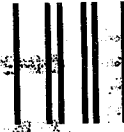
- Certified Mail Express Mail
 Registered Return Receipt
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

20303
COLES
2009-06-09
(Returned
here to
bed zip)

UNITED STATES POSTAL SERVICE

ALAMEDA CA 94502



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

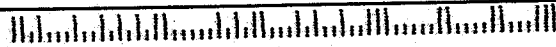
07 JUL 2009 PM 4:12

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

2009 JUN 30 PM 3:47

**Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Mark Detterman, RO#3003**

3540



UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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: Mark Detterman, RO#3003**

2009 JUN 29 PM 3:08

