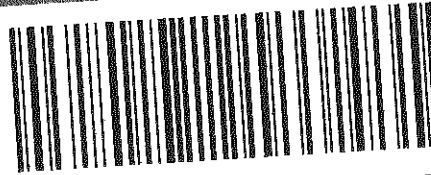




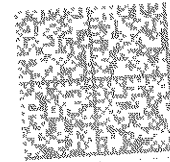
ALAMEDA COUNTY
 HEALTH CARE SERVICES AGENCY
 Environmental Health Services Administration
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED MAIL™



7009 2820 0001 4372 7819

UNITED STATES POSTAGE
 \$ 05.75
 02 1M
 0004256164 MAY 18 2012
 MAILED FROM ZIP CODE 94502



Left notice
 5-21-12
 0723

KAYE PATTERSON
 SALVATION ARMY
 601 WEBSTER ST
 OAKLA

045 3 4 1 00 06/10/12
 RETURN TO SENDER
 UNDELIVERED
 SAMPLE TO FORWARD
 RC: 94502654001 9450265400

Returned to office 6/13/12 YCelp

Nowell

94507412501
 945026540



AGENCY

Certified Mail #: 7009 2820 0001 4372 7819

May 17, 2012

NOTICE OF RESPONSIBILITY

Site Name & Address:
SALVATION ARMY
601-605 WEBSTER ST
OAKLAND, CA 94607

Local ID: RO0003084
Related ID: NA
RWQCB ID: NA
Global ID: T10000003428

Responsible Party:

KAYE PATTERSON
SALVATION ARMY
601 WEBSTER ST
OAKLAND CA 94607

Date First Reported: 9/16/2011
Substance: 12034,8006619 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 SALVATION ARMY 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) 341-5752.

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 NOWELL, KEITH, at this office at (510)567-6764 if you have questions regarding your site.


ARIU LEVY, Director
Contract Project Director

Date: 5-18/2012

Action: Add
Reason: NEW

Attachment A: Responsible Parties Data Sheet

cc: Jenniffer Jorden, SWRCB, D. Drogos (Sent via electronic mail to donna.drogos@acgov.org), File