

**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:

Cathleen Maynard Trust  
6585 Osborn Road  
Phoenix, AZ 85251

2. Article Number  
(Transfer from service label)

7009 2820 0001 4359 7887

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)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

Mail  Express Mail

Return Receipt for Merchandise

Insured Mail  C.O.D.

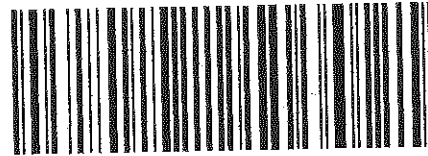
4. Restricted Delivery? (Extra Fee)

Yes

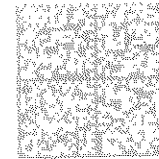


ALAMEDA COUNTY  
 HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Suite 250  
 1131 Harbor Bay Parkway  
 Alameda, CA 94502-6577

**CERTIFIED MAIL™**



7009 2820 0001 4359 7887



UNITED STATES POSTAGE  
 EASY MONEY  
 02 1P \$ 006.48  
 0003192449 FEB 07 2014  
 MAILED FROM ZIP CODE 94502

*NSB  
 WNK*

Cathleen Maynard Trust  
 6585 Osborn Road  
 Phoenix, AZ 85251

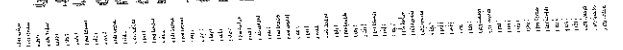
Alameda County  
 FEB 18 2014  
 Environmental Health

*Ksnel*

NIXIE 858 SE 1009 0002/13/14

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

SC: 94502654821 \*1785-12975-07-28





Certified Mail #: 7009 2820 0001 4359 7887  
February 06, 2014

**NOTICE OF RESPONSIBILITY**

**Site Name & Address:**  
**STOP N GO GAS STATION**  
**7701 BANCROFT AVE**  
**OAKLAND, CA 94621-**

**Local ID:** RO0003115  
**Related ID:** NA  
**RWQCB ID:** NA  
**Global ID:** T10000004796

Responsible Party:

**CATHLEEN MAYNARD TRUST**  
**6585 OSBORN ROAD**  
**PHOENIX AZ 85251**

**Date First Reported:** 11/13/2012  
**Substance:** 12034,12035,12036,8006619 Multiple Releases  
**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 CATHLEEN MAYNARD 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) 341-5752.

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 DETTERMAN, KAREL, at this office at (510)567-6708 if you have questions regarding your site.

ARIU LEVI, Director  
Contract Project Director

Date: 02/06/14

**Action:** Add  
**Reason:** NEW