

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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
JUSTIN E. SMITH & WILLIAM C. RANDALL 2178 BRANDYWINE PLACE HAYWARD, CA 94542	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	<input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Transfer from service label)</i>	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7009 2820 0001 4359 7931	Domestic Return Receipt 102595-02-M-1540



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

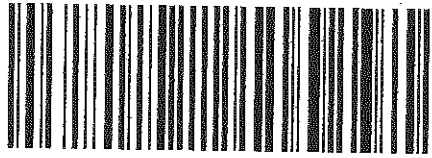
Alameda County

FEB 19 2014

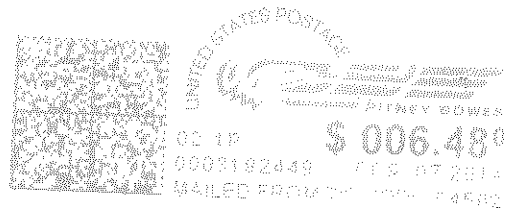
Environmental Health

ATK
4294
Karel

CERTIFIED MAIL™



7009 2820 0001 4359 7931

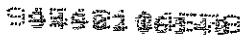


JUSTIN E. SMITH & WILLIAM C. RANDALL
 2178 BRANDYWINE PLACE
 HAYWARD, CA 94542

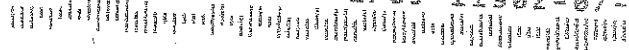
NIXIE 957 7E 1009 0002/14/14

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

641



BC: 94502654001 *1705-11902-07-33





Certified Mail #: 7009 2820 0001 4359 7931

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:

JUSTIN E. SMITH & WILLIAM C. RANDALL

2178 BRANDYWINE PLACE
HAYWARD CA 94542

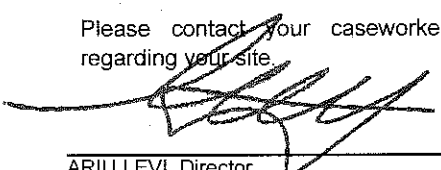
Date First Reported: 11/13/2012
Substance: 12034,12035,12036,8006619 Multiple Releases
Funding for Oversight: LOPS - LOP State Fund
Multiple RPs?: Yes

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 JUSTIN E. SMITH & WILLIAM C. RANDALL 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

Attachment A: Responsible Parties Data Sheet

cc: Sally Meza, SWRCB (email: smeza@waterboards.ca.gov) | Donna Drogos (email: donna.drogos@acgov.org), File