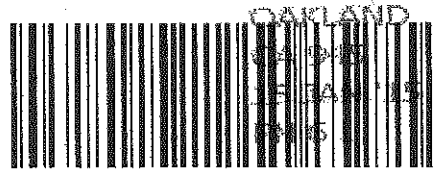


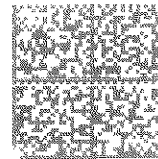


ALAMEDA COUNTY
 HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED MAIL



7009 2820 0001 4359 6347



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KENT846 957 SE 1009N C0201/26/15
 UNABLE TO FORWARD/FOR REVIEW
 3008

BC: 94920084646 DU *1505-04609-15-36 9450

GTG INVETORS & PETER H. WILSON
 (C/O: KENTFIELD
 PO BO. NIXIE 957 SE 1009N 9002/11/15
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RETURN TO SENDER
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BC: 94502654031 *1505-04609-15-36

1/17

ALAMEDA COUNTY
HEALTH CARE SERVICES



ENVIRONMENTAL HEALTH DEPARTMENT
OFFICE OF THE DIRECTOR
1131 HARBOR BAY PARKWAY
ALAMEDA, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6347

January 13, 2015

NOTICE OF RESPONSIBILITY

Site Name & Address: BEKINS 760 22ND ST OAKLAND, CA 94612	Local ID: RO0003153 Related ID: NA RWQCB ID: Global ID: T10000006348
--	---

Responsible Party:

GTG INVESTORS & PETER H. WILSON
(C/O: KENTFIELD PROPERTIES)
PO BOX 846
TIBURON CA 94920-0846

Date First Reported: 10/1/1986
Substance: 8006619, 12034 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 GTG INVESTORS & PETER H. WILSON (C/O: KENTFIELD PROPERTIES) 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 KAREL DETTERMAN at this office at (510) 567-6708 if you have questions regarding your site.

Date: 1/13/15

ARIU LEVI, Director
Contract Project Director

Action: Add
Reason: ADD

Attachment A: Responsible Parties Data Sheet

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:

GTG INVETORS & PETER H. WILSON
 (C/O: KENTFIELD PROPERTIES)
 PO BOX 846
 TIBURON, CA 94920-0846

003 153

2. Article Number
 (Transfer from service label)

7009 2820 0001 4359 6347

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage & Fees \$

GTG INVETORS & PETER H. WILSON
 (C/O: KENTFIELD PROPERTIES)
 PO BOX 846
 TIBURON, CA 94920-0846

Instructions