

**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:

Neishi Brothers Nursery  
 c/o: Neishi, Dan S. Trust &  
 Neishi, Mitsugi Heirs of Estate, et al.  
 Oakland, CA 94603

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7009 2820 0001 4359 8488

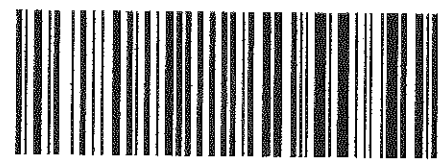
(Transfer from service label)

102595-02-M-1640

PS Form 3811, February 2004

Domestic Return Receipt

**CERTIFIED MAIL**



7009 2820 0001 4359 8488



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



Neishi Brothers Nursery  
 c/o: Neishi, Dan S. Trust &  
 Neishi, Mitsugi Heirs of Estate, et al.  
 Oakland, CA 94603

NIXIE 057 EE 1700 0002/29/15

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

BC: 94502654031 \*1805-05097-29-34

94502654031

003156

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 8488

March 20, 2015

**NOTICE OF RESPONSIBILITY**

Site Name & Address:

**NEISHI BROTHERS NURSERY**  
**357 105TH AVE**  
**OAKLAND, CA 94603**

Local ID: **RO0003156**  
Related ID: **NA**  
RWQCB ID: **NA**  
Global ID: **T10000006426**

Responsible Party:

**NEISHI BROTHERS NURSERY**  
**C/O: NEISHI, DAN S. TRUST &**  
**NEISHI, MITSUGI HEIRS OF ESTATE, ET AL.**  
**359 105TH AVENUE**  
**OAKLAND CA 94603**

Date First Reported: **12/8/2014**  
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 NEISHI BROTHERS NURSERY (C/O: NEISHI, DAN S. TRUST & NEISHI, MITSUGI HEIRS OF ESTATE, ET AL. 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 MATTHEW SOBY at this office at (510) 567-6725 if you have questions regarding your site.

  
RONALD BROWDER, Acting Director  
Contract Project Director

Date: **03-20-2015**

Action: Add  
Reason: ADD

Attachment A: Responsible Parties Data Sheet

cc: Cindy Davis, SWRCB (email: cindy.davis@waterboards.ca.gov) | Dilan Roe (email: dilan.roe@acgov.org), File