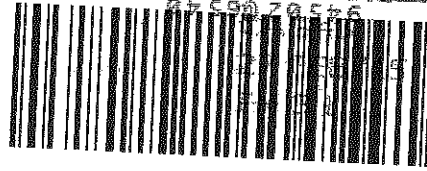ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

7009 2820 0001 4359 8389

NIXIE   957   DE 1700   0204/11/15

RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 9450265403i   *2641-00858-07-21

NAME _____
1ST NOTICE 3/2/15
2ND NOTICE 3/10
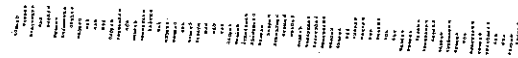
ROBERT A ELLIOTT SR. (& TRUST)
408 SILVER CHIEF WAY
DANVILLE, CA 94526

003159

SENDER: *COMPLETE THIS SECTION*	COMPLETE THIS SECTION ON DELIVERY
▪ 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 ☐ Agent ☐ Addressee
	B. Received by (*Printed Name*) C. Date of Delivery

1. Article Addressed to:

‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖

ROBERT A ELLIOTT SR. (& TRUST)
408 SILVER CHIEF WAY
DANVILLE, CA 94526

0 0 3 1 5 9

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
(*Transfer from service label*)   7009 2820 0001 4359 8389

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

ALEX BRISCOE, Agency Director

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

Certified Mail #:   7009 2820 0001 4359 8389

February 27, 2015

NOTICE OF RESPONSIBILITY

Site Name & Address:		Local ID:	RO0003159
ROOFING FACILITY		Related ID:	
745 KEVIN CT		RWQCB ID:	T10000006491
OAKLAND, CA 94621		Global ID:	

Responsible Party:

ROBERT A ELLIOTT SR. (& TRUST)
408 SILVER CHIEF WAY
DANVILLE CA 94526

Date First Reported:	1/27/2015
Substance:	8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded
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 ROBERT A ELLIOTT SR. (& 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 MATTHEW SOBY at this office at (510) 567-6725 if you have questions regarding your site.

Date: 2/26/15

ARIU LEVI, Director
Contract Project Director

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