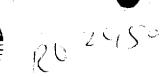
ALAMEDA COUNTY **HEALTH CARE SERVICES**

AGENCY





DAVID J. KEARS, Agency Director

August 19, 2003

Certified Mail # 7002 0510 0000 2178 5862

Notice of Responsibility

ENVIRONMENTAL HEALTH SERVICES **ENVIRONMENTAL PROTECTION** 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

Record ID: R00002450 Whitemore's Auto Service 1701 Buena Vista Street Alameda , CA 94501

Mr. Louis White more Whitemore's Auto Service 1701 Buena Vista Street Alameda , CA 94501

SITE

Date First Reported 2/26/2001 Substance: Gasoline Funding (Federal or State): F Multiple RPs?: N

Responsible Party (RP) Property Owner

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 Mr. Louis Whitemore 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 which 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} 227-4349 or telephone {916} 227-4408.

Pursuant to section 25299.37(c) (7) 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 Amir Gholami, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

Contract Project Director

Please Circle One

Reason:

Luanne Rolland, SWRCB

Amir K. Gholami, Hazardous Materials Specialist

	ERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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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. Article Addressed to: MR LOUIS White More White More 	A. Received by (Please Print Clearly) B. Date of Delivery 8
Whitemore's Aug Selvice 1701 BUENA VISM S. ALAMEDA, CA 9450/	3. Service Type Certified Mail
2. Article Number (Copy from service label)	
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