ALÁMEDA COUNTY HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director





Certified Mail #

August 19, 2003

7002 0510 0000 2178 5855

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

it for 1-9-04

Record ID: R00002570 A-Paratransit

829 54Th Ave.

Oakland , CA 94601

Mr. Shiv Kumar 22900 Clawitter Road Hayward, CA 94545 SITE

Date First Reported 2/2/20 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 Shiv Kumar 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.

Ariu Levi, Chief

Contract Project Director

Please Circle One

Add Delete Change

Reason:

C: Luanne Rolland, SWRCB

Amir K. Gholami, Hazardous Materials Specialist

NEWCASE

855	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Providence Coverage			
U)			- 100 - 100	
2178	Postage Certified Fee	\$	Date	
0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		, Postmark Here	
5.0	Total Postage & Fees	\$		
7002	Sent To MR. ShiV KUMAR Street, Apt. No.; ShiV KUMAR or PO Box No. ZZ 90 1 (AWITEL City, State 21844 (A 9450) SE Form 3803 January 2001 See Reverse for Instructions			
			See Reverse for Instructions	