ALAMEDA COUNTY HEALTH CARE SERVICES









Certified Mail # 7002 2030 0006 9574 1051 August 17, 2005

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

NOTICE OF RESPONSIBILITY

Case ID: Replace Site Name & Address:

Site Name & Address:

VIDEO MANIACS

2305 CENTRAL AVE

ALAMEDA, CA 94501

Responsible Party:

PETER N & MAXINE DELANOY

Release Information:

Date First Reported: 3/7/05 Substance Code: 12034, 8

Substance: Diesel fuel oil and additives, Nos.1-D, 2-D, 2-4,

FAX (510) 337-9335

Motor Oil

Funding for Oversight:

LOPF

LOP Federal Fund

3640 GRAND AVENUE #6 OAKLAND, CA 94610

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 (Remedial Action Completion Certification). For purposes of implementing section 25297.15, this agency has identified PETER N & MAXINE DELANOY 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) 341-5808 or telephone (916) 341-5650.

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 this office for further information about the designation process.

Please contact your caseworker Amir Gholami, at this office at (510) 567-6876 if you have questions regarding your site.

ARIU LEVI, Chief Contract Project Director Date: 08/18/01

Circle One: Add Delete Change

Reason: New Case

U.S. Postal Service™ CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage **무**524 Postage 0006 Certified Fee Postmark Return Reciept Fee (Endorsement Required) Here 2030 Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | \$ 7002 Peter N. and Maxine Delanoy — 3640 Grand Avenue #6 Oakland, CA 94610 PS Form 3800, June 2002 See Reverse for Instructions