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.	A. Signature	
Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Deliver
c/o JUSTIN SMITH BANCROFT ASSOCIATES, LLC 249 W. JACKSON STREET, 1975	D. Is delivery address different from If YES, enter delivery address be	tem 1? ☐ Yes
HAYWARD, CA 94544	e Mail ☐ Express M ed ☐ Return Rec	ail eipt for Merchandise
2: Article Number	4. Restricted Delivery? (Extra Fee)	



HEALTH CARE SERVICES AGENCY

DEPARTMENT OF ENVIRONMENTAL HEALTH Suite 250

1131 Harbor Bay Parkway Alameda, CA 94502-6577



7009 2820 0001 4359 7863



Alameda County

FEB 1 9 2014

Environmental Health

C/O JUSTIN SMITH BANCROFTASSOCIATES, LLC 249 W. JACKSON STREET, #359 HAYWARD, CA 94544

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BC: 94502654031 A control of the cont

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

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

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 7863

February 06, 2014

NOTICE OF RESPONSIBILITY

Site Name & Address:

STOP N GO GAS STATION 7701 BANCROFT AVE OAKLAND, CA 94621Local ID:

RO0003115

Related ID:

NA

RWQCB ID:

NA

Global ID:

T10000004796

Responsible Party:

c/o JUSTIN SMITH BANCROFT ASSOCIATES, LLC 249 W. JACKSON STREET, #359 HAYWARD CA 94544 Date First Reported:

11/13/2012

Substance:

12034,12035,12036,8006619 Multiple Releases

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 BANCROFT ASSOCIATES, LLC 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 DETTERMAN, KAREL, at this office at (510)567-6708 if you have questions regarding your site.

ARIU LEVI, Director

Contract Project Director

Date: 02/00/14

Action: Add

Reason: NEW