

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 143 589 377
07/28/98

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

Notice of Responsibility

StID#: 1791
Olympic Station
1436 Grant Ave
San Lorenzo, CA 94580

SITE

Date First Reported 07/10/98
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: No

George Jaber
George H. Jaber Trust
1401 Grove Street
Alameda, Ca 94501

**Responsible Party (RP)
Property Owner**

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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 this office for further information about the site designation process.

Please contact Scott O Seery, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

Richard A. Pantages, Chief
Contract Project Director

Please Circle One **Add** Delete Change

Reason: NEW CASE

C: Lori Casias, SWRCB
Scott O Seery, Hazardous Materials Specialist

#1791 P 143 589 377
SOS

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (*See reverse*)

Sent to George Jaber	
George H. Jaber Trust	
Street & Number 1401 Grove Street	
Post Office, State, & ZIP Code Alameda CA 94501	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?	<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>						
	<p>3. Article Addressed to:</p> <p style="text-align: center;">S. Seery #1791</p> <p>George Jaber George H. Jaber Trust 1401 Grove Street Alameda CA 94501</p>		<p>4a. Article Number P 143 589 377</p> <p>4b. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Certified</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt for Merchandise</td> <td><input type="checkbox"/> COD</td> </tr> </table> <p>7. Date of Delivery AUG 27 1998</p>		<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified								
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured								
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD								
<p>5. Received By: (Print Name)</p> <p>Signature: (Addressee or Agent) X <i>George Jaber</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>							

Thank you for using Return Receipt Service.