

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
ALEX BRISCOE, Director



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

October 27, 2014

Griffin Capital Corporation
(c/o: Ms. Julie Treinen)
2321 Rosecrans, Suite 3290
El Segundo, CA 90245

Rockwood Atrium LLC
(c/o: TMG Partners & Ms. Denise Pingston)
100 Bush St., Suite 2600
San Francisco, CA 94104

Emerybay Plaza JS
(c/o: TMG Partners)
6400 Christie Ave., Suite 2000
Emeryville, CA 94608

P O Partners
(c/o: J. David Martin & Walter Kaczmarek)
6475 Christie Ave., Suite 500
Emeryville, CA 94608

P O Partners
(c/o: Mr. Walter Kaczmarek)
5800 Shellmound St., Suite 210
Emeryville, CA 94608

Sixteen Fifty Sixtyfifth St. Assoc.
(c/o: Rich Robbins)
1120 Nye St.
San Rafael, CA 94901

Emeryville Bayfront
(c/o: Benefit Capital Corp.)
1330 Broadway
Oakland, CA 94612

Emeryville Bayfront Limited Partner
(c/o: Robert Lew)
690 Market St., Suite 826
San Francisco, CA 94104

Subject: Notice of Responsibility, Fuel Leak Case No. RO0000440 and GeoTracker Global ID T06000100511, Emery Bay Plaza, 1650 65th Street, Emeryville, CA 94608

Dear Responsible Parties:

In two Notice of Requirement of Reimburse dated May 28, 1993 and October 9, 1992, P O Partners (c/o: Mr. Walter Kaczmarek) was notified that the above referenced site had been placed in the Local Oversight Program (LOP) and that they had been named as a Responsible Party for the fuel leak case. Additional parties have been named as Responsible Parties for the fuel leak case in the attached updated Notice of Responsibility (NOR) as defined under 23 C.C.R. Sec. 2720. Please see Attachment A – Responsible Parties Data Sheet, which identifies all Responsible Parties and provides background on the unauthorized release and Responsible Party Identification.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark E. Detterman", with a stylized flourish at the end.

Digitally signed by Mark E. Detterman
DN: cn=Mark E. Detterman, o, ou,
email, c=US
Date: 2014.10.27 15:31:23 -07'00'

Mark E. Detterman, P.G., C.E.G.
Senior Hazardous Materials Specialist

Responsible Parties NOR
RO0000440
October 27, 2014 Page 2

Enclosures: Notice of Responsibility
 Attachment A – Responsible Parties Data Sheet

Attachment 1 – Responsible Party(ies) Legal Requirements / Obligations
Electronic Report Upload (ftp) Instructions

cc: Cindy Davis, SWRCB (*Sent via E-mail to: cindy.davis@waterboards.ca.gov*)
Dilan Roe, ACEH (*Sent via E-mail to: dilan.roe@acgov.org*)
Mark Detterman, ACEH (*Sent via E-mail to: mark.detterman@acgov.org*)
GeoTracker, Case Electronic File

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HEALTH CARE SERVICES



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

AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6187

October 27, 2014

NOTICE OF RESPONSIBILITY

Site Name & Address:
EMERY BAY PLAZA
1650 65TH ST
Emeryville, CA 94608

Local ID:	RO0000440
Related ID:	4352
RWQCB ID:	01-0558
Global ID:	T0600100511

Responsible Party:

EMERYVILLE BAYFRONT
C/O: BENEFIT CAPITAL CORP.
1330 BROADWAY
OAKLAND CA 94612

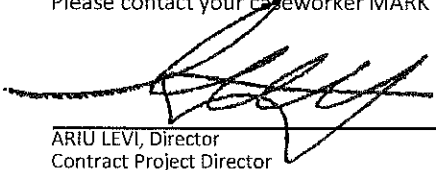
Date First Reported:	5/13/1987
Substance:	8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded
Funding for Oversight:	LOPS - LOP State Fund
Multiple RPs?:	Yes

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 EMERYVILLE BAYFRONT 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 MARK DETTERMAN at this office at (510) 567-6876 if you have questions regarding your site.


ARIU LEVI, Director
Contract Project Director

Date: 10/27/14

Action:	Add
Reason:	ADD

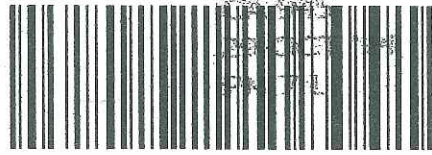
Attachment A: Responsible Parties Data Sheet

cc: Cindy Davis, SWRCB (email: cindy.davis@waterboards.ca.gov) | Dilan Roe (email: dilan.roe@acgov.org), File



ALAMEDA COUNTY
 HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED MAIL



7009 2820 0001 4359 6187



RECEIVED
 NOV 10 2014
 BY: _____

off B
Mark

Mark

Emeryville Bayfront
 (c/o: Benefit Capital Corp.)
 1330 Broadway
 Oakland, CA 94612

MIXIE 957 SE 1009 0011/05/14
 RETURN TO SENDER
 INSUFFICIENT ADDRESS
 UNABLE TO FORWARD
 BC: 94502654031 *1705-03371-29-33

94502654031

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emeryville Bayfront
(c/o: Benefit Capital Corp.)
1330 Broadway
Oakland, CA 94612

2. Article Number
(Transfer from service label)

7009 2820 0001 4359 6187 000440

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

ALEX BRISCOE, Director



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Emeryville Bayfront Limited Partner
(c/o: Robert Lew)
690 Market St., Suite 826
San Francisco, CA 94104

Subject: Notice of Responsibility, Fuel Leak Case No. RO0000440 and GeoTracker Global ID T06000100511, Emery Bay Plaza, 1650 65th Street, Emeryville, CA 94608

Dear Responsible Parties:

In two Notice of Requirement of Reimburse dated May 28, 1993 and October 9, 1992, P O Partners (c/o: Mr. Walter Kaczmarek) was notified that the above referenced site had been placed in the Local Oversight Program (LOP) and that they had been named as a Responsible Party for the fuel leak case. Additional parties have been named as Responsible Parties for the fuel leak case in the attached updated Notice of Responsibility (NOR) as defined under 23 C.C.R. Sec. 2720. Please see Attachment A – Responsible Parties Data Sheet, which identifies all Responsible Parties and provides background on the unauthorized release and Responsible Party Identification.

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Digitally signed by Mark E. Detterman
DN: cn=Mark E. Detterman, o, ou,
email, c=US
Date: 2014.10.27 15:31:23 -07'00'

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Senior Hazardous Materials Specialist

Responsible Parties NOR
RO0000440
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FAX (510) 337-9335

AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6149

October 27, 2014

NOTICE OF RESPONSIBILITY

Site Name & Address:

EMERY BAY PLAZA
1650 65TH ST
Emeryville, CA 94608

Local ID: RO0000440
Related ID: 4352
RWQCB ID: 01-0558
Global ID: T0600100511

Responsible Party:

EMERYBAY PLAZA JS
C/O: TMG PARTNERS
6400 CHRISTIE AVENUE, SUITE 2000
EMERYVILLE CA 94608

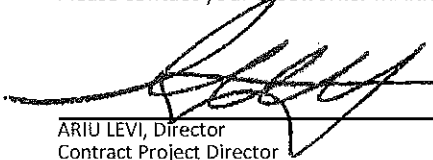
Date First Reported: 5/13/1987
Substance: 8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded
Funding for Oversight: LOPS - LOP State Fund
Multiple RPs?: Yes

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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.

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ARIU LEVI, Director
Contract Project Director

Date: 10/27/14

Action: Add
Reason: ADD

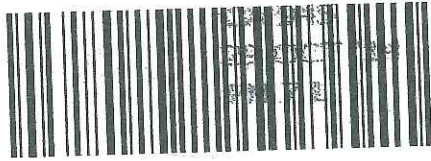
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ALAMEDA COUNTY
 HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED MAIL



7009 2820 0001 4359 6149



02 1P
 0003192449
 MAILED FROM ZIP CODE 94502
\$ 006.48⁰
 OCT 29 2014

077000

20440

RECEIVED
 NOV 10 2014
 BY: _____

Emerybay Plaza JS
 (c/o: TMG Partners)
 6400 Christ
 Emeryville,

EX

NIXIE 957 5E 1009 0011/04/14
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 BC: 94502654031 *1705-02000-29-33

NIXIE

94502-6577

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Emerybay Plaza JS
(c/o: TMG Partners)
6400 Christie Ave., Suite 2000
Emeryville, CA 94608

2. Article Number

(Transfer from service label)

7009 2820 0001 4359 6149

000440

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

ALAMEDA COUNTY
HEALTH CARE SERVICES
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Senior Hazardous Materials Specialist

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AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6156

October 27, 2014

NOTICE OF RESPONSIBILITY

Site Name & Address:
EMERY BAY PLAZA
1650 65TH ST
Emeryville, CA 94608

Local ID:	RO0000440
Related ID:	4352
RWQCB ID:	01-0558
Global ID:	T0600100511

Responsible Party:

P O PARTNERS
C/O: J. DAVID MARTIN &
C/O: WALTER KACZMAREK
6475 CHRISTIE AVENUE, SUITE 500
EMERYVILLE CA 94608

Date First Reported:	5/13/1987
Substance:	8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded
Funding for Oversight:	LOPS - LOP State Fund
Multiple RPs?:	Yes

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Date: 10/27/14

ARIU LEVI, Director
Contract Project Director

Action:	Add
Reason:	ADD

Attachment A: Responsible Parties Data Sheet

cc: Cindy Davis, SWRCB (email: cindy.davis@waterboards.ca.gov) | Dilan Roe (email: dilan.roe@acgov.org), File

Certified Mail Provides:

- A mailing receipt for your mailpiece
- A unique identifier for the postal Service for two years
- A record of delivery kept by the postal Service for two years

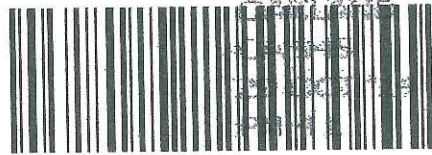
Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®
- Certified Mail is not available for any class of international mail.
- Certified Mail is not available for Registered Mail.
- Certified Mail is not available for Registered Mail.
- Certified Mail is not available for Registered Mail.
- Certified Mail is not available for Registered Mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. Certified Mail is not available for insured or Registered Mail. For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the value of the article. For an additional fee, delivery may be restricted to the addressee or a designated recipient. For an additional fee, delivery may be restricted to the addressee or a designated recipient. For an additional fee, delivery may be restricted to the addressee or a designated recipient. For an additional fee, delivery may be restricted to the addressee or a designated recipient.



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CERTIFIED MAIL™



7009 2820 0001 4359 6156

20440

UNITED STATES POSTAGE

 PITNEY BOWES
 02 1P \$ 006.480
 0003192449 OCT 29 2014
 MAILED FROM ZIP CODE 94502

0047000

RECEIVED
 NOV 10 2014
 BY: _____

P O Partners
 (c/o: J. David Martin & Walter Kaczmarek)
 6475 Christie Ave., Suite 500
 Emeryville, CA 94608

LAKE

MIXIE 957 SE 1009 0011/04/14
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
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 EC: 94502654031 *1405-07414-29-B3
 94502654031

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(Transfer from service label)

7009 2820 0001 4359 6156

000440

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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If YES, enter delivery address below: No

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Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

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T06000100511, Emery Bay Plaza, 1650 65th Street, Emeryville, CA 94608

Dear Responsible Parties:

In two Notice of Requirement of Reimburse dated May 28, 1993 and October 9, 1992, P O Partners (c/o: Mr. Walter Kaczmarek) was notified that the above referenced site had been placed in the Local Oversight Program (LOP) and that they had been named as a Responsible Party for the fuel leak case. Additional parties have been named as Responsible Parties for the fuel leak case in the attached updated Notice of Responsibility (NOR) as defined under 23 C.C.R. Sec. 2720. Please see Attachment A – Responsible Parties Data Sheet, which identifies all Responsible Parties and provides background on the unauthorized release and Responsible Party Identification.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark E. Detterman", with a stylized flourish at the end.

Digitally signed by Mark E. Detterman
DN: cn=Mark E. Detterman, o, ou,
email, c=US
Date: 2014.10.27 15:31:23 -07'00'

Mark E. Detterman, P.G., C.E.G.
Senior Hazardous Materials Specialist

Responsible Parties NOR
RO0000440
October 27, 2014 Page 2

Enclosures: Notice of Responsibility
 Attachment A – Responsible Parties Data Sheet

Attachment 1 – Responsible Party(ies) Legal Requirements / Obligations
Electronic Report Upload (ftp) Instructions

cc: Cindy Davis, SWRCB (*Sent via E-mail to: cindy.davis@waterboards.ca.gov*)
Dilan Roe, ACEH (*Sent via E-mail to: dilan.roe@acgov.org*)
Mark Detterman, ACEH (*Sent via E-mail to: mark.detterman@acgov.org*)
GeoTracker, Case Electronic File

ALAMEDA COUNTY
HEALTH CARE SERVICES



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

AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6163

October 27, 2014

NOTICE OF RESPONSIBILITY

Site Name & Address: EMERY BAY PLAZA 1650 65TH ST Emeryville, CA 94608	Local ID: RO0000440 Related ID: 4352 RWQCB ID: 01-0558 Global ID: T0600100511
--	--

Responsible Party:

P O PARTNERS
C/O: WALTER KACZMAREK
5800 SHELLMOUND STREET, SUITE 210
EMERYVILLE CA 94608

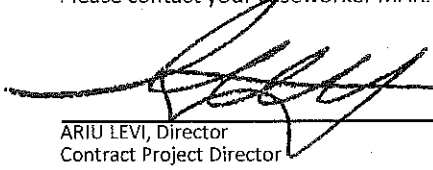
Date First Reported: 5/13/1987 Substance: 8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded Funding for Oversight: LOPS - LOP State Fund Multiple RPs?: Yes
--

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 P O PARTNERS 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 MARK DETTERMAN at this office at (510) 567-6876 if you have questions regarding your site.


Date: 10/27/14
ARIU LEVI, Director
Contract Project Director

Action: Add Reason: ADD

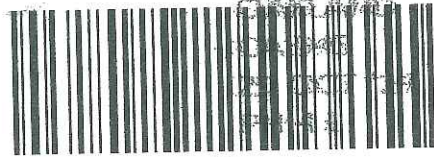
Attachment A: Responsible Parties Data Sheet

cc: Cindy Davis, SWRCB (email: cindy.davis@waterboards.ca.gov) | Dian Roe (email: dian.roe@acgov.org), File



ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED MAIL™



7009 2820 0001 4359 6163



UNITED STATES POSTAGE

 PITNEY BOWES
 02 1P \$ 006.48⁰⁰
 0003192449 OCT 29 2014
 MAILED FROM ZIP CODE 94502

000440

mark

P4440

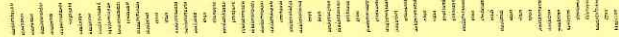
P O Partners
 (c/o: Mr. Walter Kaczmarek)
 5800 Shellmound St., Suite 210
 Emeryville, CA 94608

ANK

NIXIE 957 SE 1009 0011/10/14

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 94502034031 *1405-03698-29-33



105

94502 6577

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

000440

P O Partners
(c/o: Mr. Walter Kaczmarek)
5800 Shellmound St., Suite 210
Emeryville, CA 94608

2. Article Number
(Transfer from service label)

7009 2820 0001 4359 6163

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
ALEX BRISCOE, Director



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

October 27, 2014

Griffin Capital Corporation
(c/o: Ms. Julie Treinen)
2321 Rosecrans, Suite 3290
El Segundo, CA 90245

Rockwood Atrium LLC
(c/o: TMG Partners & Ms. Denise Pingston)
100 Bush St., Suite 2600
San Francisco, CA 94104

Emerybay Plaza JS
(c/o: TMG Partners)
6400 Christie Ave., Suite 2000
Emeryville, CA 94608

P O Partners
(c/o: J. David Martin & Walter Kaczmarek)
6475 Christie Ave., Suite 500
Emeryville, CA 94608

P O Partners
(c/o: Mr. Walter Kaczmarek)
5800 Shellmound St., Suite 210
Emeryville, CA 94608

Sixteen Fifty Sixtyfifth St. Assoc.
(c/o: Rich Robbins)
1120 Nye St.
San Rafael, CA 94901

Emeryville Bayfront
(c/o: Benefit Capital Corp.)
1330 Broadway
Oakland, CA 94612

Emeryville Bayfront Limited Partner
(c/o: Robert Lew)
690 Market St., Suite 826
San Francisco, CA 94104

Subject: Notice of Responsibility, Fuel Leak Case No. RO0000440 and GeoTracker Global ID
T06000100511, Emery Bay Plaza, 1650 65th Street, Emeryville, CA 94608

Dear Responsible Parties:

In two Notice of Requirement of Reimburse dated May 28, 1993 and October 9, 1992, P O Partners (c/o: Mr. Walter Kaczmarek) was notified that the above referenced site had been placed in the Local Oversight Program (LOP) and that they had been named as a Responsible Party for the fuel leak case. Additional parties have been named as Responsible Parties for the fuel leak case in the attached updated Notice of Responsibility (NOR) as defined under 23 C.C.R. Sec. 2720. Please see Attachment A – Responsible Parties Data Sheet, which identifies all Responsible Parties and provides background on the unauthorized release and Responsible Party Identification.

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Digitally signed by Mark E. Detterman
DN: cn=Mark E. Detterman, o, ou,
email, c=US
Date: 2014.10.27 15:31:23 -07'00'

Mark E. Detterman, P.G., C.E.G.
Senior Hazardous Materials Specialist

Responsible Parties NOR
RO0000440
October 27, 2014 Page 2

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Electronic Report Upload (ftp) Instructions

cc: Cindy Davis, SWRCB (*Sent via E-mail to: cindy.davis@waterboards.ca.gov*)
Dilan Roe, ACEH (*Sent via E-mail to: dilan.roe@acgov.org*)
Mark Detterman, ACEH (*Sent via E-mail to: mark.detterman@acgov.org*)
GeoTracker, Case Electronic File



AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6194

October 27, 2014

NOTICE OF RESPONSIBILITY

Site Name & Address:
EMERY BAY PLAZA
1650 65TH ST
Emeryville, CA 94608

Local ID:	RO0000440
Related ID:	4352
RWQCB ID:	01-0558
Global ID:	T0600100511

Responsible Party:

EMERYVILLE BAYFRONT LIMITED PARTNER
C/O: ROBERT LEW
690 MARKET STREET, SUITE 826
SAN FRANCISCO CA 94104

Date First Reported:	5/13/1987
Substance:	8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded
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 EMERYVILLE BAYFRONT LIMITED PARTNER 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.

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


Date: 10/27/14

ARIU LEVI, Director
Contract Project Director

Action:	Add
Reason:	ADD

Attachment A: Responsible Parties Data Sheet



ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED MAIL



7009 2820 0001 4359 6194

UNITED STATES POSTAGE
 PITNEY BOWES
 02 1P. \$ 006.48⁰⁰
 0003192449 OCT 29 2014
 MAILED FROM ZIP CODE 94502

077000

mark

R0490

Emeryville Bayfront Limited Partner
 (c/o: Robert L
 690 Market S
 San Francisco

NIXIE 957 5E 1089 0011/08/14
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 BC: 94502654031 *1705-02185-29-33

94502654031

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emeryville Bayfront Limited Partner
(c/o: Robert Lew)
690 Market St., Suite 826
San Francisco, CA 94104

2. Article Number
(Transfer from service label)

7009 2820 0001 4359 6194

000440

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes