

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



Certified Mail # P 112 479 086  
01/29/97

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

**Notice of Responsibility**

StID#: 1262  
Foothill Gas  
16210 Foothill Blvd  
San Leandro, CA 94578

**SITE**

Date First Reported 01/29/97  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: N

Contact: Mr. Hooshang Hadjian

7240 Dublin Boulevard  
Dublin, Ca 94568


**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.

  
Gordon Coleman, Acting Chief  
Contract Project Director

Please Circle One **Add** Delete Change

Reason: NEW CASE

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

P 112 479 086

US Postal Service **Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to Mr Hooshang Hadjian	
Street & Number 7240 Dublin Blvd	
Post Office, State, & ZIP Code DUBLIN CA 94568	
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

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 through 4 on the reverse side.
- 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.

wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
MR. HOOSHANG HADJIAN  
7240 DUBLIN BLVD.  
DUBLIN, CA 94568

4a. Article Number  
P 112 479 086

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2/1/97

5. Received By: (Print Name)  
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X

Thank you for using Return Receipt Service.