

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mail # P 112 479 183
06/29/98

ENVIRONMENTAL HEALTH SERVICES

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

Notice of Responsibility

StID# 5511
Vacant Building
1347 Park St
Alameda, CA 94501

SITE

Date First Reported 11/21/95
Substance: Diesel
Source : Federally Funded
MultiRPs?: Yes

Steve Simi
Cochran And Celli
3330 Broadway
Oakland, C A 94611

Responsible Party (RP) # 2
(list of all RP's attached)

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 Eva Chu, 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 PROPERTY OWNER

C: Lori Casias, SWRCB
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

06/29/98

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 5511
Vacant Building
1347 Park St
Alameda, CA 94501

Date First Reported 11/21/95
Substance: Diesel
Petroleum (X) Yes
Source: F

James Russi
Arleen Russi
428 Yorkshire Rd
Alameda, C A 94501
510/536-2100

Responsible Party #1
Property Owner

Steve Simi
Cochran And Celli
3330 Broadway
Oakland, C A 94611
510/450-6600

Responsible Party #2
Contact Person
Contact Company

E. CHU
#5511 P 112 479 183

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

Sent to	STEVE SIMI
Street & Number	COCHRAN AND CELLI 3330 BROADWAY
Post Office, State, & ZIP Code	OAKLAND CA 94611
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

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



Certified Mail # P 112 479 182
06/29/98

ENVIRONMENTAL HEALTH SERVICES

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Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Notice of Responsibility

StID#: 5511
Vacant Building
1347 Park St
Alameda, CA 94501

SITE

Date First Reported 11/21/95
Substance: Diesel
Funding (Federal or State): F
Multiple RPs?: Y

James Russi
Arleen Russi
428 Yorkshire Rd
Alameda, CA 94501

Responsible Party (RP)
Property Owner

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Richard A. Pantages, Chief
Contract Project Director

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Reason: NEW PROPERTY OWNER

C: Lori Casias, SWRCB
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

06/29/98

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 5511
Vacant Building
1347 Park St
Alameda, CA 94501

Date First Reported 11/21/95
Substance: Diesel
Petroleum (X) Yes
Source: F

James Russi
Arleen Russi
428 Yorkshire Rd
Alameda, C A 94501
510/536-2100

Responsible Party #1
Property Owner

Steve Simi
Cochran And Celli
3330 Broadway
Oakland, C A 94611
510/450-6600

Responsible Party #2
Contact Person
Contact Company

#5511-
E. CHU P 112 479 182

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to JAMES RUSSI	
Street & Number ARLEEN RUSSI	
428 YORKSHIRE RD.	
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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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.

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

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to: E. CHU #5511

4a. Article Number

P 112 479 182

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

7-9-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Arleen Russi

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

Certified Mail # Z 296 048 3888
12/12/95
STID# 5511

Notice of Requirement to Reimburse

Steve Simi
Cochran And Celli
3330 Broadway Ave
Oakland, C A 94611

Responsible Party (RP)
Property Owner

Vacant Building
1347 Park St
Alameda , CA 94502

☐ SITE

Date First Reported 11/21/95
Substance: Diesel
Petroleum: (X) Yes
Source: F

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of overseeing site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. **YOU ARE HEREBY NOTIFIED** that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter
12/12/95
StID# 5511
Page 2

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408.
Please contact Eva CHU, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.

Gordon Coleman
for Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: Correct RP name - change
mailing address

eva chu
Z 296 048 388



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to Steve Simi	
Street and No. Gehrassn & Celli	
P.O., State and ZIP Code 3330 Broadway Ave. Oakland, CA 94611	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a-b.
- 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.

3. Article Addressed to: **E. Chu #5511**
Steve Sims
Gallagher & Lindsay, Inc.
2424 Central Avenue
Alameda CA 94501

4a. Article Number
Z 296 048 486

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

7. Date of Delivery
DEC 12 1995

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

5. Signature (Addressee)
E. Chu

6. Signature (Agent)
A. McPherson

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

PS Form 3811, December 1991 U.S. POSTAL SERVICE **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

Certified Mail # Z 296 048 486
12/04/95
STID# 5511

Notice of Requirement to Reimburse

Steve Sims
Gallagher & Lindsay, Inc
2424 Central Ave
Alameda, C A 94501

Responsible Party (RP)
Property Owner

Vacant Building
1347 Park St
Alameda , CA 94502

SITE

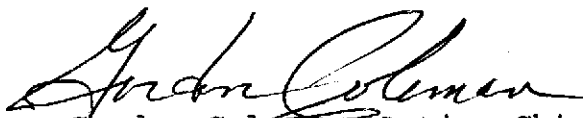
Date First Reported 11/21/95
Substance: Diesel
Petroleum: (X) Yes
Source: F

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Reimburse Letter
12/04/95
StID# 5511
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Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: New case

EC
#5511

2 296 048 486



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to	
Steve Sims	
Street and No.	
2424 Central Avenue	
P.O., State and ZIP Code	
Atameda CA 94501	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	