

Khatri, Paresh, Env. Health

From: Khatri, Paresh, Env. Health
Sent: Thursday, December 02, 2010 8:01 AM
To: 'Preston, Kelli Jo'
Cc: Phillips, Hollis
Subject: RE: RO#489
Attachments: RO0000489_LNDOWNR_REQ_L_2010-12-02.pdf

Hello Kelli,

I apologize for inadvertently omitting the landowner notification from the letter. Please complete the attached form and submit it as soon as possible.

Thank you in advance for your cooperation.

Sincerely,

Paresh C. Khatri
Hazardous Materials Specialist
Alameda County Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Phone: (510) 777-2478
Fax: (510) 337-9335

E-mail: Paresh.Khatri@acgov.org

<http://www.acgov.org/aceh/lop/lop.htm>

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From: Preston, Kelli Jo [<mailto:KelliJo.Preston@arcadis-us.com>]
Sent: Wednesday, December 01, 2010 1:40 PM
To: Khatri, Paresh, Env. Health
Cc: Phillips, Hollis
Subject: RO#489

Hi Paresh –
I wanted to see if you had a chance to review the email below.
Thanks
Kelli

From: Preston, Kelli Jo
Sent: Monday, November 29, 2010 10:35 AM
To: 'Khatri, Paresh, Env. Health'
Cc: Phillips, Hollis
Subject:

Hello Paresh –

In the attached directive, you do not ask for a Landowner Notification form to be completed, which is unlike other sites we've closed. I wanted to confirm that this form is not required for this site before I commence with scheduling well destruction.

Thank you

Kelli

Kelli Jo Preston | Staff Hydrogeologist | kellijo.preston@arcadis-us.com
ARCADIS U.S., Inc. | 630 Plaza Drive, Suite 100 | Highlands Ranch, CO, 80129
T. 303.471.3403 | F. 720.344.3535
www.arcadis-us.com

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Please consider the environment before printing this email.

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LIST OF LANDOWNERS FORM

County of Alameda
Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR:

Site Name: BP#11107
Address: 18501 Hesperian Boulevard
City, State, Zip: San Lorenzo, CA 94580
Record ID #: RO0000489

Please fill out item 1 if there are multiple site landowners (attach an extra sheet if necessary). If you are the sole site landowner, skip item 1 and fill out item 2.

1. In accordance with Section 25297.15(a) of Chapter 6.7 of the California Health & Safety Code, I, _____ (name of primary responsible party), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:

Name: _____
Address: _____
City, State, Zip: _____
E-mail Address: _____

Name: _____
Address: _____
City, State, Zip: _____
E-mail Address: _____

Name: _____
Address: _____
City, State, Zip: _____
E-mail Address: _____

2. In accordance with Section 25297.15(a) of Chapter 6.7 of the California Health & Safety Code, I _____, certify that I am the sole landowner for the above site.

Sincerely,

Signature of Primary Responsible Party Printed Name Date E-mail Address