

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 368 729 376
05/24/99

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

Notice of Responsibility

StID#: 1813
Ebrpd Maintenance Yard
17930 Lake Chabot Rd.
Castro Valley, CA 94546

SITE

Date First Reported 10/28/98
Substance: Diesel
Funding (Federal or State): F
Multiple RPs?: N

Stephen Gahrett
E B R P D
P.o. Box 5381
Oakland, Ca 94605-0381

Responsible Party (RP)
Property Owner

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 East Bay Regional Parks District 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 which 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) 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 Scott O Seery, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

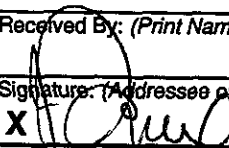
Richard A. Pantages
Richard A. Pantages, Chief
Contract Project Director

Date: MAY 24 1999 Please Circle One Add Delete Change

Reason: New Case

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

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.		SCOTT SEER Please wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: STEPHEN GAHRETT E B R P D P.O. BOX 5381 OAKLAND, CA. 94605-0381	4a. Article Number P 368 729 376	4b. Service Type <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
5. Received By: (Print Name)	7. Date of Delivery 05/11/99	
6. Signature: (Addressee or Agent) 	8. Addressee's Address (Only if requested and fee is paid)	

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P 368 729 376

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

Sent to	
STEPHEN GAHRETT E B R P D	
Street & Number	
P.O. BOX 5381	
Post Office, State, & ZIP Code	
OAKLAND, CA. 94605-0381	
Postage	\$
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TOTAL Postage & Fees	\$
Postmark or Date	
MAY 27 1999	

PS Form 3800, April 1995