

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # P 143 588 382
July 12, 1999

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

Notice of Responsibility

StID#: 4160
M. A. C. auto Repair
905 W Grand Avenue
Oakland, CA 94607

SITE

Date First Reported 06/22/1999
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

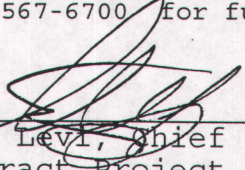
William Perrie
Property Owner
128 Dartmouth Place
Benicia, Ca 94510

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 William Perrie 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 Larry Seto, Senior Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director
Date: 1/26/00

Please Circle One Add Delete Change
Reason: New Site

cc: Lori Casias, SWRCB
Larry Seto, Senior Hazardous Materials Specialist

UNITED STATES POSTAL SERVICE



First-Class Mail
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• Print your name, address, and ZIP Code in this box •

LARRY SETO



Alameda County cc:4580
Environmental Health
1131 Harbor Bay Pkwy., #250
Alameda, CA 94502-6577

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

3. Article Addressed to: **STID: 4160**
William Perrie
Property Owner
128 Dartmouth Place
Benicia, C.A. 94510

4a. Article Number
P 143 588 382

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

7. Date of Delivery
1/31/00

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)
William Perrie

PS Form **3811**, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.