

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # P 143 589 281
07/20/98

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

Notice of Responsibility

StID#: 4464
San Francisco Bay Bridge
0 SE Bay Bridge Toll
Emeryville, CA 94608

SITE

Date First Reported 02/05/98
Substance:
Funding (Federal or State): S
Multiple RPs?: N

Mike A. Hilliard
Department Of Transportation
P.o. Box 23660
Oakland, Ca 94623

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 Larry Seto, Senior 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 Site

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

#4464
L. Seto P 143 589 281

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

Sent to Mike A. Hilliard Dept. of Transportation	
Street & Number P.O. Box 23660	
Post Office, State, & ZIP Code Oakland CA 94623	
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

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: L. Seto #4464

Mike A. Hilliard
Dept. Of Transportation
P.O. Box 23660
Oakland CA 94623

5. Received By: (Print Name)
A J

6. Signature: (Addressee or Agent)
X Hilliard

4a. Article Number
P 143 589 281

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

7. Date of Delivery
7/28/98

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

Thank you for using Return Receipt Service.