ALAMEDA COUNTY

HEALTH CARE SERVICES





DAVID J. KEARS, Agency Director

Certified Mail # P 368 729 460 09/16/1999

Notice of Responsibility

ENVIRONMENTAL HEALTH SERVICES

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

StID#: 6437 Can Am Plumbing 151 Wyoming Pleasanton , CA 94566

SITE

Date First Reported 06/15/1999

Substance: Gasoline

Funding (Federal or State): F

Multiple RPs?: N

Frank Capilla Can Am Plumbing, Inc. 151 Wyoming Street Pleasanton, Ca 94566

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 ______ Car - Am Planbing , Inc. 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 (510) 567-6700 for further information about the site designation process.

Richard A. Pantages, Chief

Date: () 1 11 61

Please Circle One (Add Delete Change

Contract Project Director

Reason:

cc: Lori Casias, SWRCB

Scott O Seery, Hazardous Materials Specialist

Report: Reimb97 5/99

P 368 729 460

US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided.
Do not use for International Mail (See reverse) Sent to FRANK CAPILLA STEAM NAMEE LUMBING 151 WYOMENGG STREET
Post Office, State, & ZIP Code 94566 PLEASANTON, CA. \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form **3800**, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date SEP 1 5 1999

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 card to you. Attach this form to the front of the mailpiece, or on the back permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.	t If space does not ne article number. ered and the date	Address Restricte Consult postmas	s (for an ee's Address ed Delivery	
3. Article Addressed to: FRANK CAPILLA CAM AM PLUMBING 151 WYOMING STREET PLEASANTON, CA. 94566 5. Received By: (Print Name)	4b. Service Register Express Return Re 7. Date of F	8 729 460 Type ed		
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid) 02596-97-8-0179 Domestic Return Receipt		