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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: CORMAC GATH WEST MAC LLC 1842 21 ST AVE SAN FRANCISCO, CA 94122	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
	3. Service Type Certified Mail Registered Return Rece Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	il eipt for Merchandise □ Yes
2. Article Number 7009 2820 (Transfer from service label)		
orm 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

Domestic Return Receipt

ALAMEDA COUNTY **HEALTH CARE SERVICES**



ENVIRONMENTAL HEALTH DEPARTMENT OFFICE OF THE DIRECTOR 1131 HARBOR BAY PARKWAY ALAMEDA, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

AGENCY

Certified Mail #: 7009 2820 0001 4359 7597

May 21, 2013

NOTICE OF RESPONSIBILITY

Site Name & Address:

CHEVRON #9-2029

890 W MACARTHUR BLVD OAKLAND, CA 94608

Local ID:

RO0002438

Related ID:

3643

RWQCB ID:

NA

Global ID:

T0600173887

Responsible Party:

CORMAC GATH **WEST MAC LLC** 1842 21ST AVE SAN FRANCISCO CA 94122 Date First Reported:

2/26/1997

Substance: 8006619 Gasoline-Automotive (motor gasoline and

additives), leaded & unleaded

Funding for Oversight: LOPS - LOP State Fund

Multiple RPs?: Yes

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 CHEVRON CORPORATION 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 that 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) 341-5808 or telephone (916) 341-5752.

Pursuant to section 25296.10(c)(6) 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 designation process.

our caseworker DETTERMAN, MARK, at this office at (510)567-6876 if you have questions regarding Please contact

your site

Date:

ARIU LEVI, Director Contract Project Director

Action: Add Reason: NEW

Attachment A: Responsible Parties Data Sheet

cc: Jenniffer Jorden, SWRCB, D. Drogos (Sent via electronic mail to donna.drogos@acgov.org), File