

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7000 1670 0009 3787 4698
April 17, 2002

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

Notice of Responsibility

Record ID: R00002446
Dublin Retail Center
7900 Dublin Blvd
Dublin, CA 94568

SITE

Date First Reported: 2/26/2001
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

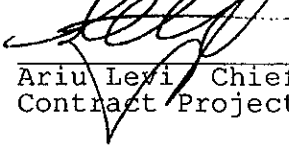
Allan Sebanc
10 Stacey Court
Hillsborough, CA 94010

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 Allen Sebanc 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) 341-5808 or telephone (916) 341-5700.

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 Eva Chu, Hazardous Materials Specialist, at this office at (510) 567-6762 for further information about the site designation process.


Date: 04/19/02
Ariu Levi, Chief
Contract Project Director

Please Circle One Add Delete Change
Reason: New case

c: Lori Casias, SWRCB
 Eva Chu, Hazardous Materials Specialist

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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **ALLAN SEBANC**
 Street, Apt. No., or PO Box No.: **10 STARKY CRT.**
 City, State, ZIP: **HILLSBOROUGH, PA 19010**

PS Form 3800, May 2000 See Reverse for Instructions

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: ALLAN SEBANC 10 STARKY CRT. HILLSBOROUGH, PA 19010	4a. Article Number
5. Received By: (Print Name) Robert McWorley	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
6. Signature: (Addressee or Agent) X Robert McWorley	7. Date of Delivery 4/23/02
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.