

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7001 0320 0002 7819 1539
July 3, 2003

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: R00002452
Berkeley Farms Truck Repair
4501 San Pablo Ave
Emeryville, CA 94608

SITE

Date First Reported: 11/24/1997
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y


Norman Alberts
Berkeley Farms
15500 Clawiter Rd
Hayward, CA 94545

Responsible Party (RP) #2
(list of all RPs attached)

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 Berkeley Farms 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.


Ariu Leva, Chief
Contract Project Director
Date: 7/1/03

Please Circle One Add Delete Change
Reason: Case split from 4575 San Pablo

c: Jenniffer Jordan, SWRCB
/Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

July 3, 2003

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: R00002452
Berkeley Farms Truck Repair
4501 San Pablo Ave
Emeryville, CA 94608

Date First Reported 11/24/1997
Substance: Gasoline
Petroleum (X) Yes
Source: F

Karen Bellini
Harmon Management Corp
199 First St, Suite 212
Los Altos, CA 94022

Responsible Party #1
Property Owner

Norman Alberts
Berkeley Farms
25500 Clawiter Rd
Hayward, CA 94545

Responsible Party #2
Contact Person
Contact Company

7/1/03
See R0-245
at 4575 San Pablo
Emeryville for
subsurface investigation
reports - (combined
site)
wca

6537 6182 7819 2000 0220 0320 1002

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: <u>NORMAN ALBERTS / BERK FMS</u>	
Street, Apt. No., or PO Box No. <u>15500 CLAWITER RD</u>	
City, State, ZIP+4 [®] <u>HAYWARD, CA 94608</u>	
PS Form 3800, January 2001	
See Reverse for Instructions	

Alameda County
JUL 1 2003
Environmental Health

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:

NORMAN ALBERTS
BERKELEY FARMS
15500 CLAWITER RD.
HAYWARD CA 94608

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

7-8-03

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

JUL 09 2003

5. Received By: (Print Name)
PARKER

6. Signature: (Addressee or Agent)
X Robert Parker

7001 0320 0002 7819 1539

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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.
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- 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:

KAREN BELLINI
HARMON MANAGEMENT
199 FIRST ST #212
LOS ALTOS, CA 94022

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

7/9/03

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

5. Received By: (Print Name)
TRITT

6. Signature: (Addressee or Agent)
X Colleen Tritt

7001 0320 0002 7818 6061

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

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July 3, 2003

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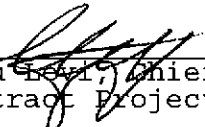
Karen Bellini
Harmon Management Corp
199 First St, Suite 212
Los Altos, CA 94022

Responsible Party (RP)
Property Owner

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Ariu ~~Levy~~, Chief
Contract Project Director

Date: 7/6/97

Please Circle One Add Delete Change

Reason: Case split from 4575 San Pablo

c: Jennifer Jordan, SWRCB
Eva Chu, Hazardous Materials Specialist

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

OFFICIAL USE

7001 0320 0002 781A 6061

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

Postmark
Here

Sent To LAREN BELLINI/HARMON
Street, Apt. No.,
or PO Box No. 199 First St. Suite 212
City, State, ZIP+4 LOS ALTOS CA 94022