

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #7002 0860 0006 15110 3548
December 30, 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: RO000****
Continental Color
2201 West St.
Oakland, CA

SITE

Date First Reported: 6/19/02
Substance: fuel oil
Funding (Federal or State): F
Multiple RPs?: Y

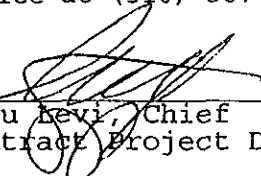
Mario Santilli & John Forster
111 Myrtle St. #201-B
Oakland, CA 94612

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 Mario Santilli & John Forster 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 Don Hwang, Hazardous Materials Specialist, at this office at (510) 567-6746 for further information about the site designation process.


Date: 1/9/03
Ariu Levi, Chief
Contract Project Director

Please Circle One Add Delete Change
Reason: new

c: Lori Casias, SWRCB
Don Hwang, Hazardous Materials Specialist

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
 MARIO SANTI, II &
 JOHN FORSTNER
 111 MYRTLE ST. #201-B
 OAKLAND, CA 94612

COMPLETE THIS SECTION ON DELIVERY

Signature: *[Signature]* 9
2003 Agent Addressee

X

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 1/10/03

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

Alameda County
JAN 16 2003
Environmental Health

3. Service Type: Express Mail
 Certified Mail Return Receipt for Merchandise
 Registered C.O.D.
 Insured Mail

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7002 0860 0006 1510 3548
 (Transfer from service label)

945E DTST 9000 0990 2007

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

O F F I C I A L U S E

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

Sent To: MARIO SANTI, II & JOHN FORSTNER
 Street, Apt. No., or PO Box No.: 111 MYRTLE ST #201-B
 City, State, ZIP+: Oakland, CA 94612

PS Form 3800, April 2002 See Reverse for Instructions