

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9570 5855
June 12, 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: RO0002539
Airdance Farm LLC
770 El Charro Rd
Pleasanton, CA 94566

SITE

Date First Reported: 01/04/2003
Substance: Diesel
Funding (Federal or State): F
Multiple RPs?: N

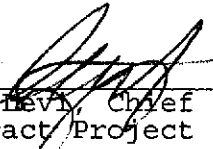
Don Kahler
Jamieson CX
dba Pleasanton Gravel Co
P.O. Box 850
Pleasanton, CA 94566-0872

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 Jamieson CX dba Pleasanton Gravel Co. 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 Scott Seery, Hazardous Materials Specialist, at this office at (510) 567-6762 for further information about the site designation process.


Aron Levy, Chief
Contract/Project Director
Date: 6/11/03

Please Circle One Add Delete Change
Reason: New case - resent

c: Jennifer Jordan, SWRCB
Scott Seery, Hazardous Materials Specialist

7002 2030 0006 9570 5855

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OFFICIAL USE

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

Postmark
Here

Sent To Don Kahler
 Street, Apt. No.;
 or PO Box No. PO Box 850
 City, State, ZIP+4
Pleasanton, CA 94566-0872

PS Form 3800, June 2002 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:
Don Kahler
Pleasanton Grovel
P.O. 850
Pleasanton, CA 94566

4a. Article Number
 7002 2030 0006 9570 5855

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

7. Date of Delivery
6-20-03

5. Received By: (Print Name)
Shirley Soarek

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

6. Signature: (Addressee or Agent)
 X [Signature]

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



Alameda County

JUN 10 2003

AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9570 5848
May 14, 2003

Environmental Health
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: RO0002539
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770 El Charro Rd
Pleasanton, CA 94566

SITE

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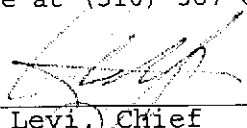
Don Kahler
Jamieson CX
dba Pleasanton Gravel Co
P.O. Box 850
Pleasanton, CA 94566-0872

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Property Owner**

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Ariu Levi, Chief
Contract Project Director

Date: 5/14/03

Please Circle One Add Delete Change

Reason: New Case

c: Jenniffer Jordan, SWRCB
Scott Seery, Hazardous Materials Specialist

7002 2030 0006 9570 5848

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

Sent To
Don Kahler Pleas. Gravel Co.

Street, Apt. No.,
or PO Box No. *P.O. Box 850*

City, State, ZIP+4
Pleasanton, CA 94566

PS Form 3800, June 2002 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.
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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

3. Article Addressed to:
*Don Kahler
Pleas. Gravel Co.
P.O. Box 850
Pleasanton, CA 94566*

4a. Article Number
7002 2030 0006 9570

4b. Service Type *5848*

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Environmental Health
JUN 10 2003
Alameda County

Thank you for using Return Receipt Service.



ALAMEDA COUNTY *4580*
HEALTH CARE SERVICES AGENCY
Environmental Health Services Administration
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

CERTIFIED MAIL™



7002 2030 0006 9570 5848

RETURNED TO SENDER
UNCLAIMED RETURN TO SENDER

*Don Kahler
Pleasanton Gravel Co.
P.O. Box 850
Pleasanton, CA 94566 - 0872*

*5-9
6/2
6/4*

94502-6

