

ALAMEDA COUNTY  
HEALTH CARE SERVICES



File

AGENCY

DAVID J. KEARS, Agency Director

Certified Mail #  
July 15, 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: R00002573  
ALCO Fire Station No. 4  
20336 San Miguel Ave  
Castro Valley, CA 94546

SITE

Date First Reported: 03/06/2003  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: N

Robert Snodgrass  
Alameda County Fire Dept  
835 E 14<sup>th</sup> Street  
San Leandro, CA 94577

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 the County of Alameda 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 Levi, Chief  
Contract Project Director

Date: 7/15/03

Please Circle One Add Delete Change

Reason: change contact + mailing address

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

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

July 18, 2003

Mr. Robert Snodgrass  
Alameda County Fire Department  
835 E. 14<sup>th</sup> St.  
San Leandro, CA 94577

Dear Mr. Snodgrass:

Subject: Fuel Leak Case No. RO0002573, ALCO Fire Station No. 4, 20336 San Miguel Ave., Castro Valley, CA 94546

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

In addition, our office is considering your request for site closure. Please also complete and submit a "notice of proposed action submitted to local agency" form. You may use sample letter 3, enclosed.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

RO0002573, 20336 San Miguel Ave., Castro Valley, CA 94546

July 18, 2003

Page 2

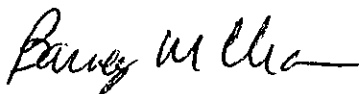
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6765 should you have any questions about the content of this letter.

Sincerely,



Barney M. Chan  
Hazardous Materials Specialist

Attachments

cc: Betty Graham, RWQCB

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

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Name of local agency  
Street address  
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:
  
2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

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Name of local agency  
Street address  
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY  
FOR *(Site Name and Address)*

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, *(name of primary responsible party)*, certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, 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:

ROBERT SNOODGRASS  
ALAMEDA COUNTY FIRE DEPT.  
835 E. 14th ST.  
SAN LEANDRO, CA 94577

2. Article Number (Copy from service label)

7002 0510 0000 2178 5909

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Name) B. Date of Delivery

MARK GUEL 7-24-03

C. Signature

X Mark Guel

- Agent
- Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

Domestic Mail Only; No Insurance Coverage Provided

OFFICIAL USE

7002 0510 0000 2178 5909

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

Postmark  
Here

Sent To: Robert Snodgrass / ALAM. Fire Dept.  
Street, Apt No. or PO Box No.: 835 E. 14th St  
City, State, ZIP+4: SAN LEANDRO CA

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7001 1940 0005 5777 8357  
July 8, 2003

Notice of Responsibility

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

Record ID: RO0002573  
ALCO Fire Station No. 3  
20336 San Miguel Ave  
Castro Valley, CA 94546

SITE

Date First Reported: 03/06/2003  
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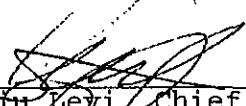
Rod Freitag  
Alameda County GSA  
1401 Lakeside Dr, Room 1115  
Oakland, CA 94612

Responsible Party (RP)  
Property Owner

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Ariu Levi, Chief  
Contract Project Director

Date: 7/7/03

Please Circle One  Add  Delete  Change

Reason: New Case

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3 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:  
 Rod FREITAS  
 ALAMEDA COUNTY GSA  
 1401 LAKESIDE DR. PM#115  
 OAKLAND, CA 94612

4a. Article Number  
 7001 1940 0005 5777 857

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  
 07-10

5. Received By: (Print Name)  
 M. MONROE

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

Thank you for using Return Receipt Service.

Return Receipt

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

7001 1940 0005 5777 8357

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Sent to  
 Rod FREITAS / ALAM. GSA  
 Street, Apt. No.;  
 or PO Box No. 1401 LAKESIDE DR. PM#115  
 City, State, ZIP+4  
 OAKLAND, CA 94612