ALAMEDA COUNTY **HEALTH CARE SERVICES**





DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0375 January 13, 2004

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: R00002592 Atlas Heating & Air Conditioning Company 1451 32nd St. Oakland, CA 94608

SITE

Date First Reported: 12/1/00 Substance: Gasoline

Funding (Federal or State): F

Multiple RPs?: N

Robert Tuck Atlas Heating & Air Conditioning Co. 1451 32nd St. Oakland, CA 94608

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 Robert Tuck 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 that 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 1510) 567-6746 for further information about the site designation process.

Date: 1/13/14

Ariu Levi, Chief Contract Project Director

Please Circle One (Add) Delete Change

Reason:

c: Jenniffer Jordan, SWRCB √Don Hwang, Hazardous Materials Specialist

2750	(Domestis Mail Only; No Insurance Coverage Provided)			
9574	OFF			
Г	Postage	\$	100,000	
030 000	Certified Fee			
	Return Reciept Fee (Endorsement Required)		Postmark Here	
	Restricted Delivery Fee (Endorsement Required)			
LU.	Total Postage & Fees	\$		
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70	Street, Apt. No., or PO Box No.	TUCK/1 1 32×0	ALLAS HATING	
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•	PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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. 	A. Signature Agent Addressee B. Received by (Printed Name) Addressee		
1. Article Addressed to: ROBERT (UCL/A-HASH) 1451 32ND 81.	D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No		
OAK OA 94608	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7002 2030 0	OO6 9574 O375		
PS Form 3811, August 2001 Domestic Return Receipt 102595-024-288:			