

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

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

Certified Mail # 7002 2030 0006 9574 0351
October 28, 2003

Notice of Responsibility

Record ID: R00002595
Schweickert Property
515 S. Livermore Ave.
Livermore, CA 94550

SITE

Date First Reported: 07/29/2003
Substance: Heating Oil
Funding (Federal or State): S
Multiple RPs?: N

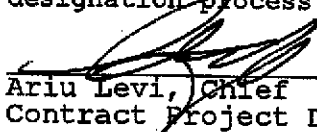
Marie E. Schweickert
Schweickert Property
515 S. Livermore Ave.
Livermore, CA 94550

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 Marie E. Schweickert 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 Roseanna Garcia - La Grille, Hazardous Materials Technician, at this office at (510) 777-2149 for further information about the site designation process.


Ariu Levi, Chief
Contract Project Director
Date: 10/27/03

Please Circle One Add Delete Change
Reason: _____

c: Jenniffer Jordan, SWRCB
Roseanna E. Garcia - La Grille, Hazardous
Materials Technician

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Roseanna E. Garcia - La Grille, Hazardous
Materials Technician

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

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OFFICIAL USE

7002 2030 0006 9574 0351

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

Postmark
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Sent To R02595
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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:

Ms. Marie Schweickert
515 S Livermore Av
Livermore, CA 94550-7555

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Marie Schweickert Addressee

B. Received by (Printed Name) Agent
Marie Schweickert Addressee

C. Date of Delivery
10/28/03

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

2. Article Number (Transfer from service label) 7002 2030 0006 9574 0351

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-F-2883

ENVIRONMENTAL FRIENDLY
 OCT 27 2003
 ALameda COUNTY