

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 # 70022030000695740429  
May 26, 2004

Notice of Responsibility

Record ID: RO0002601  
Allied Engineering  
Corporation  
2421 Blanding Ave.  
Alameda, CA 94501  
Mr. Robert Miller  
Allied Engineering  
Corporation  
2421 Blanding Ave.  
Alameda, CA 94501

SITE

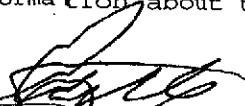
Date First Reported 1/15/2004  
Substance: Gasoline  
Funding (Federal or State): F  
Multiple RPs?: N

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 Allied Engineering Corporation 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) 227-4349 or telephone (916) 227-4408.

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 Amir Gholami, Hazardous Materials Specialist at this office at (510) 567-6700 for further information about the site designation process.

  
Date: 4/25/04  
Amir Levi, Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: NEW CASE

C: Jennifer Jordan, SWRCB  
Amir K. Gholami, Hazardous Materials Specialist

7002 2030 0006 9574 0429

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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

Sent To **ALLIED ENGINEERING CORP**  
 Street, Apt. No., or PO Box No. **2421 BLANDING AVE**  
 City, State, ZIP+4 **ALAMEDA, CA 94501**

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:  
**ALLIED ENGINEERING CORP**  
**2421 BLANDING AVE**  
**ALAMEDA, CA 94501**

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature  Agent  Addressee  
*X Crozier Sangon*

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery **6/2/04**

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

**JUN 04 2004**

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 serv.) **7002 2030 0006 9574 0429**

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Handwritten: 2601

Handwritten: 9/18/04  
Handwritten: [Signature]

Certified Mail # 70022030000695740429  
May 26, 2004

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1101 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502 8577  
(510) 567-6700  
FAX (510) 337-9335

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REC'D JUN 02 2004

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Alameda, CA 94501  
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Corporation  
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SITE

Date First Reported 1/15/2004  
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DUPLICATE

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Date: 9/25/04  
Amir Levi, Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason:

C: Jennifer Jordan, SWRCB  
Amir K. Gholami, Hazardous Materials Specialist