

ALAMEDA COUNTY
HEALTH CARE SERVICES



7

AGENCY

DAVID J. KEARS, Agency Director

Certified Mail # 7002 2030 0006 9574 0511
September 12, 2005

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: R00002612
Del Valle Regional Park District
6999 Del Valle Road
Livermore, CA 94550

SITE

Date First Reported: 1/15/04
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: N

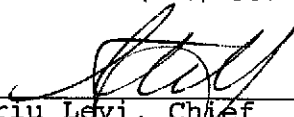
Stephen Gehrett
Del Valle Regional Park District
7000 Del Valle Road
Livermore, CA 94550

**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 Del Valle Regional Park District 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 Jerry Wickham, Hazardous Materials Specialist, at this office at (510) 567-6783 for further information about the site designation process.


Date: 9/13/05
Ariu Levi, Chief
Contract Project Director

Please Circle One Add Delete Change
Reason: _____

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

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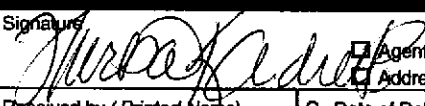
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

R02612

Stephen Gehrett
Del Valle Regional Park District
7000 Del Valle Road
Livermore, CA 94550

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Stephen Gehrett Del Valle Regional Park District 7000 Del Valle Road Livermore, CA 94550</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <u>7002 2030 0006 9574 0511</u></p> <p>(Transfer from service)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	