

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail #: 7002 2030 0006 9574 2348

September 16, 2008

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**

**Site Name & Address:**

**QUEST LABORATORY  
6511 GOLDEN GATE DR  
DUBLIN, CA 94568**

**Local ID: RO0002860  
Related ID: NA  
RWQCB ID:  
Global ID: T06019799610**

**Responsible Party:**

**SMITH KLINE  
BIOMEDICAL RESOURCES CORP NORT  
1201 S COLLEGEVILLE RD  
COLLEGEVILLE PA 19426**

**Date First Reported: 4/26/2004**

**Substance: 12034,8006619 Multiple Releases**

**Funding for Oversight: LOPS - LOP State Fund**

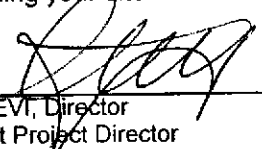
**Multiple RPs?: Yes**

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 DIRECTOR OF ENVIRONMENTAL AFFAIRS 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) 341-5650.

Pursuant to section 25296.10(c)(6) 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 this office for

Please contact your caseworker KHATRI, PARESH, at this office at (510)777-2478 if you have questions regarding your site.

  
ARIU LEVI, Director  
Contract Project Director

Date: 9/24/08

Action: Add  
Reason: NEW CASE

Attachment A: Responsible Parties Data Sheet  
cc: Jenniffer Jordan, SWRCB, D. Drogos, File

ALAMEDA COUNTY ENVIRONMENTAL HEALTH  
LUFT LOCAL OVERSIGHT PROGRAM

ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET

September 16, 2008

**Site Name & Address:**  
**QUEST LABORATORY**  
**6511 GOLDEN GATE DR**  
**DUBLIN, CA 94568**

**Local ID: RO0002860**  
**Related ID: NA**  
**RWQCB ID:**  
**Global ID: T06019799610**

**All Responsible Parties**

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**RP has been named a Primary RP - JEFFREY BROWN**  
**DIRECTOR OF ENVIRONMENTAL AFFAIRS**  
4410 ROSEWOOD DR | PLEASANTON, CA 94588-3492 | Phone (925) 226-5845

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**RP has been named a RP - SMITH KLINE**  
**BIOMEDICAL RESOURCES CORP NORTHERN CA**  
1201 S COLLEGEVILLE RD | COLLEGEVILLE, PA 19426 | Phone No Phone Number Listed

**Responsible Party Identification Background**

Alameda County Environmental Health (ACEH) names a "Responsible Party," as defined under 23 C.C.R Sec. 2720. Section 2720 defines a responsible party 4 ways. An RP can be:

1. "Any person who owns or operates an underground storage tank used for the storage of any hazardous substance."
2. "In the case of any underground storage tank no longer in use, any person who owned or operated the underground storage tank immediately before the discontinuation of its use."
3. "Any owner of property where an unauthorized release of a hazardous substance from an underground storage tank has occurred."
4. "Any person who had or has control over an underground storage tank at the time of or following an unauthorized release of a hazardous substance."

ACEH has named the responsible parties for this site as detailed below.

# ATTACHMENT A - RESPONSIBLE PARTIES DATA SHEET (Continued)

September 16, 2008

## Responsible Party Identification

### Existence of Unauthorized Release

One 2,000-gallon gasoline underground storage tanks were removed from the site in circa 1989. A Phase II Site Investigation was conducted at the site in December 2003 through January 2004. Groundwater impact was detected from previous release of diesel fuel.

### Responsible Party Identification

Biomedical Resources Corp Northern California c/o Smith Kline Beecham (Quest Diagnostic Clinical Laboratories, Inc.) owned the subject property from circa 1982 until March 2004. Quest Diagnostic Clinical Laboratories, Inc. is a responsible party because it owned the USTs (definition 1), operated the USTs for storage of hazardous substances (definition 2), owned the property where an unauthorized release of a hazardous substance from an underground storage tank has occurred (definition 3), and had control over the USTs at the time of or following an unauthorized release of a hazardous substance (definition 4).

Randall Foods & Drug, LP c/o Safeway, Inc. (Safeway) purchased the property in March 2004. Safeway is a responsible party because it owns the property where an unauthorized release of a hazardous substance occurred (definition 3).

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Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Post	
Sent To	<b>SMITH KLINE</b>
Street, Apt. or PO Box #	<b>BIOMEDICAL RESOURCES CORP NORT</b> <b>1201 S COLLEGEVILLE RD</b>
City, State, .	<b>COLLEGEVILLE, PA 19426</b>
PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span>	

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail #: 7002 2030 0006 9574 2355

September 16, 2008

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**

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6511 GOLDEN GATE DR  
DUBLIN, CA 94568**

**Local ID: RO0002860  
Related ID: NA  
RWQCB ID:  
Global ID: T06019799610**

**Responsible Party:**

**JEFFREY BROWN  
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4410 ROSEWOOD DR  
PLEASANTON CA 94588-3492**

**Date First Reported: 4/26/2004**

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Contract Project Director

Date: 9/24/08

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Reason: NEW CASE

ALAMEDA COUNTY ENVIRONMENTAL HEALTH  
LUFT LOCAL OVERSIGHT PROGRAM

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September 16, 2008

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Total Po:	
Sent To	<b>JEFFREY BROWN</b>
Street, Apt or PO Box	<b>DIRECTOR OF ENVIRONMENTAL AFFAIR</b>
City, State	<b>4410 ROSEWOOD DRIVE PLEASANTON, CA 94588-3492</b>
PS Form 3800, June 2002	
See Reverse for Instructions	

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• Sender: Please print your name, address, and ZIP in this box •

Environmental Health Services

Environmental Protection

1057 Harbor Bay Parkway

Alhambra, CA 94502-6577

Attn: Paresh, RO#2860

SEP 29 2008

ENVIRONMENTAL HEALTH SERVICES

RECEIVED

Ro  
2860

**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:

**SMITH KLINE  
BIOMEDICAL RESOURCES CORP NORT  
1201 S COLLEGEVILLE RD  
COLLEGEVILLE, PA 19426**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*J. Hunt*

B. Received by (Printed Name) *J. Hunt* C. Date of Delivery

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

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 (Transit)

service label)

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PS Form

1, February 2004

Domestic Return Receipt

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SEP 24 2008

• Sender: Please print your name, address, and ZIP+4 in this box •

**ENVIRONMENTAL HEALTH SERVICES**

**Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
Attn: Paresh, RO#2860**



**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:

**JEFFREY BROWN  
DIRECTOR OF ENVIRONMENTAL  
AFFAIR  
4410 ROSEWOOD DRIVE  
PLEASANTON, CA 94588-3492**

2. Article Number  
(Transfer from service label)

7002 2030 0006 9574 2355

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  Agent  
 Addressee

C. Date of Delivery  
 9/23/08

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