

ALAMEDA COUNTY

1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577



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do Dorothy Eld 4 Garden Estate Alamo, CA 9450

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ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY ALEX BRISCOE, Agency Director

October 29, 2014

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

Glen D. Logan Trust Automasters 6200 Shattuck Avenue

Oakland, CA 94609-1237

Ali R. Khashabi c/o Dorothy Elder 4 Garden Estates Court Alamo, CA 94507-1129 6200 Shattuck Partnership, LLC 15 Mulberry Court No. 15 Belmont, CA 94002

Subject:

Notice of Responsibility, Fuel Leak Case RO0002935 and GeoTracker Global ID T0600100131 Automasters, 6200 Shattuck Avenue, Oakland, CA 94609-1237

Dear Ladies and Gentlemen:

In a Notice of Responsibility dated March 16, 2007, Glen Logan was notified that the above referenced site had been placed in the Local Oversight Program and that he had been named as a Responsible Party for the fuel leak case. Additional parties have been named as Responsible Parties for the fuel leak case in the attached updated NOR as defined under 23 C.C.R Sec. 2720. Please see Attachment A – Responsible Parties Data Sheet, which identifies all Responsible Parties and provides background on the unauthorized release and Responsible Party Identification.

Should you have any questions, please contact me at (510) 567--6708 or send me an e-mail message at karel.detterman@acgov.org.

Sincerely,

Digitally signed by Karel Detterman DN: cn=Karel Detterman, o, ou, email=karel.detterman@acgov.org, c=US

Date: 2014.10.29 10:51:48 -07'00'

Karel Detterman, P.G.

Hazardous Materials Specialist

Enclosures:

Attachment 1 - Responsible Party (ies) Legal Requirements / Obligations

Electronic Report Upload (ftp) Instructions

Attachment A - Responsible Parties Data Sheet

CC:

Dilan Roe (sent via electronic mail to: dilan.roe@acgov.org)

Karel Detterman, ACEH, (sent via electronic mail to karel.detterman@acgov.org)

Case Electronic File, GeoTracker

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY		
 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 X B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery		
1. Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
c/o Dorothy Elder -4 Garden Estates Court Alamo, CA 94507-1129	3. Seprice Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Recei ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	pt for Merchandise		
2. Article Number 7009 2820 01	101 4359 8655	☐ Yes		
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