Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  PATRICK LITTLE  c/o COAST CAPITAL MORTGAGE  824 SAN ANTONIO RD  PALO ALTO, CA 94303-4617  3. Service Type  Certified Mail Express Mail  Registered Return Receipt for Merchandis  Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes			
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:  PATRICK LITTLE  C/O COAST CAPITAL MORTGAGE  824 SAN ANTONIO RD  PALO ALTO, CA 94303-4617  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandis   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes	SENDER: COMPLETE THIS SECTION	COMPLETE	
D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No  PATRICK LITTLE  c/o COAST CAPITAL MORTGAGE  824 SAN ANTONIO RD  PALO ALTO, CA 94303-4617  3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandis Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes	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 mailpines.	A. Signature	
824 SAN ANTONIO RD  PALO ALTO, CA 94303-4617  3. Service Type  Certified Mail Registered Return Receipt for Merchandis Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes	Article Addressed to:  PATRICK LITTLE	D. Is delivery address different from iten     If YES, enter delivery address below	n 1? U Yes v: U No
Certified Mail	824 SAN ANTONIO RD	3. Service Type	
2. Article Number		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Recei ☐ Insured Mail ☐ C.O.D.	
			☐ Yes



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

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





7009 2820 0001 4359 6934



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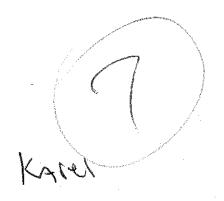
PATRICK LITTLE c/o COAST CAPITAL MORTGAGE 824 SAN ANTONIO RD PALO ALTO, CA 94303-4617

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RETURN TO SENDER NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

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## ALAMEDA COUNTY HEALTH CARE SERVICES



**ENVIRONMENTAL HEALTH DEPARTMENT** OFFICE OF THE DIRECTOR 1131 HARBOR BAY PARKWAY ALAMEDA, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

## **AGENCY**

Certified Mail #: 7009 2820 0001 4359 6934

November 26, 2012

## NOTICE OF RESPONSIBILITY

Site Name & Address:

HONG GARDNER PROPERTY 7600 MACARTHUR BLVD OAKLAND, CA 94605

Local ID:

RO0003087

Related ID:

NA

RWQCB ID:

NA

Global ID:

T10000003434

Responsible Party:

PATRICK LITTLE c/o COAST CAPITAL MORTGAGE **824 SAN ANTONIO RD** PALO ALTO CA 94303-4617

Date First Reported:

9/16/2011

Substance: 8,8006619 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 HONG J GARDNER TRUST 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) 341-5752.

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 further information about the designation process.

Please contact your caseworker DETTERMAN, KAREL, at this office at (510)567-6708 if you have questions regarding

your site.

ARIU LEVI, Director

Contract Project Director

Date: 112612

Action: Add

Reason: NEW

Attachment A: Responsible Parties Data Sheet

cc: Jenniffer Jorden, SWRCB, D. Drogos (Sent via electronic mail to donna.drogos@acgov.org), File