SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
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	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item	
Grace K. Giese Trust c/o Vincent Giese		
4845 Proctor Road Castro Valley, CA 94546	Mail ☐ Express Mail ☐ Return Rece	il eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7009 2520 (Transfer from service label)	0001 4359 7047	:
PS Form 3811, February 2004 Domestic Re		102595-02-M-1540



ALAMEDA COUNTY

HEALTH CARE SERVICES AGENCY

DEPARTMENT OF ENVIRONMENTAL HEALTH
Suite 250

1131 Harbor Bay Parkway
Alameda, CA 94502-6577



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Grace K. Giese Trust c/o Vincent Giese 4845 Proctor Road Castro V

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RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

BC: 94582854831 *2772-88938-11-34

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ALAMEDA COUNTY **HEALTH CARE SERVICES**



ALEX BRISCOE, Agency Director



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

Certified Mail #: 7009 2820 0001 4359 7047

June 17, 2014

NOTICE OF RESPONSIBILITY

Site Name & Address:

GIESE PROPERTY 4845 PROCTOR RD

CASTRO VALLEY, CA 94546

RO0003104

Local ID: Related ID:

NA

RWOCB ID:

NΔ

Global ID:

T10000004353

Responsible Party:

GRACE K. GIESE TRUST c/o VINCENT GIESE 4845 PROCTOR ROAD **CASTRO VALLEY CA 94546** Date First Reported:

9/6/2012

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 NA 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 cases orker DETTERMAN, KAREL, at this office at (510)567-6708 if you have questions regarding your site.

ARIU LEVI, Director Contract Project Director

06.17.14

Action: Add

Reason: NEW