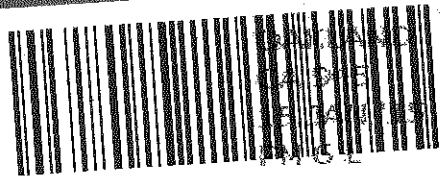




ALAMEDA COUNTY  
 HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 1131 Harbor Bay Parkway, Suite 250  
 Alameda, CA 94502-6577

**REGISTERED MAIL**



7009 2820 0001 4359 6330



UNITED STATES POSTAGE  
 PITNEY BOWES  
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 0003192449 JAN 14 2015  
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003153

*RTS*

*1/17*

GTG INVESTORS & PETER H. WILSON  
 PO BOX 846  
 TIBURON, CA 9

MIXIE 937 SC 2000 0002/11/15

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

BC: 94502654031 \*1585-04622-15-35

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

ALEX BRISCOE, Agency Director

Certified Mail #: 7009 2820 0001 4359 6330

January 13, 2015

NOTICE OF RESPONSIBILITY

Site Name & Address:

**BEKINS**  
**760 22ND ST**  
**OAKLAND, CA 94612**

Local ID: **RO0003153**  
Related ID: **NA**  
RWQCB ID:  
Global ID: **T10000006348**

Responsible Party:

**GTG INVESTORS & PETER H. WILSON**  
**PO BOX 846**  
**TIBURON CA 94920-0846**

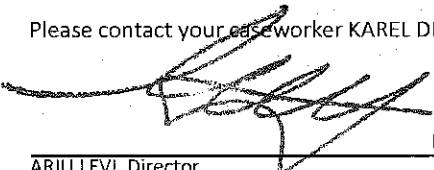
Date First Reported: 10/1/1986  
Substance: 8006619, 12034 Multiple Releases  
Funding for Oversight: LOPS - LOP State Fund  
Multiple RPs?: Yes

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 GTG INVESTORS & PETER H. WILSON 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 KAREL DETTERMAN at this office at (510) 567-6708 if you have questions regarding your site.

  
Date: 1/13/15  
ARIU LEVI, Director  
Contract Project Director

Action: Add  
Reason: ADD

Attachment A: Responsible Parties Data Sheet

cc: Cindy Davis, SWRCB (email: cindy.davis@waterboards.ca.gov) | Dilan Roe, ACDEH (email: dilan.roe@acgov.org) | Nik Lahiri (email: nlahiri@essetek.com) | File

**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:

GTG INVESTORS & PETER H. WILSON  
 PO BOX 846  
 TIBURON, CA 94920-0846

**003 153**

2. Article Number-  
 (Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**  Agent  
 Addressee

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

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

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Domestic Return Receipt

102595-02-M-1540

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**OFFICIAL USE**

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

**003 153**

Postmark  
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GTG INVESTORS & PETER H. WILSON  
 PO BOX 846  
 TIBURON, CA 94920-0846

PS Form 3800, August 2005

See Reverse for Instructions