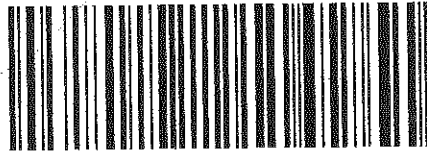




ALAMEDA COUNTY
 HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

CERTIFIED MAIL™



7009 2820 0001 4359 8327

UNITED STATES POSTAGE
 PITNEY BOWES
 02 1P \$ 006.48⁰⁰
 0003192449 JAN 27 2015
 MAILED FROM ZIP CODE 94502

RETURNED TO SENDER
UNCLAIMED

UN
1/20

359

NEISHI BROTHERS NURSERY
 C/O: NIESHI, DAN S. TRUST & NEISHI,
 MITSUGI HEIRS OF ESTATE, ET AL
 357 105TH AVENUE
 OAKLAND, CA 94612

RECEIVED
 MAR 02 2015

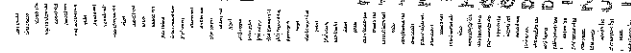
003156

NIXIE 957 DE 1 0002/25/13

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 94502654031 *2772-10088-25-21

945026540



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

NEISHI BROTHERS NURSERY
C/O: NIESHI, DAN S. TRUST & NEISHI,
MITSUGI HEIRS OF ESTATE, ET AL
357 105TH AVENUE
OAKLAND, CA 94603

003 156

2. Article Number
(Transfer from service label)

7009 2820 0001 4359 8327

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

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 8327

January 27, 2015

NOTICE OF RESPONSIBILITY

Site Name & Address:

NEISHI BROTHERS NURSERY
357 105TH AVE
OAKLAND, CA 94603

Local ID: RO0003156
Related ID: NA
RWQCB ID: NA
Global ID: T10000006426

Responsible Party:

NEISHI BROTHERS NURSERY
C/O: NEISHI, DAN S. TRUST &
NEISHI, MITSUGI HEIRS OF ESTATE, ET AL.
357 105TH AVENUE
OAKLAND CA 94603


Date First Reported: 12/8/2014
Substance: 12034, 8006619 Multiple Releases
Funding for Oversight: LOPS - LOP State Fund
Multiple RPs?: No

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 NEISHI BROTHERS NURSERY (C/O: NEISHI, DAN S. TRUST & NEISHI, MITSUGI HEIRS OF ESTATE, ET AL. 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 MATTHEW SOBY at this office at (510) 567-6725 if you have questions regarding your site.


Date: 1/27/2015
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 (email: dilan.roe@acgov.org), File