



GAETANI
REAL ESTATE

2/20/17

ACCIDENTALLY SIGNED FOR
LETTERS FOR OWNER WE
NO LONGER. POST OFFICE
SAID TO JUST PUT "RETURN
TO SENDER OF ENVELOPES" BUT
I WANTED TO MAKE SURE
YOU RECEIVE THEM BACK.

SORRY FOR THE
MIX-UP.

7011 3500 0003 1935 1320

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit our website at www.usps.com

OFFICE

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Required)
 Restricted Delivery (Endorsement)

To: Anthony Digenova
 c/o Gaetani Realty Co
 4444 Geary Blvd., Ste 105
 San Francisco, CA 94118-3040

Postmark Here

003280
 003280

Street or PO box _____
 City, State, ZIP+4® _____

PS Form 3800, August 2006 See Reverse for Instructions

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:

Anthony Digenova
 c/o Gaetani Realty Co
 4444 Geary Blvd., Ste 105
 San Francisco, CA 94118-3040

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X 

B. Received by (Printed Name) C. Date of Delivery
 CAVA DANIELS 2/26/18

Address different from item 1? Yes
 If delivery address below: No

- Service Type
- Certified Mail® Priority Mail Express™
 - Registered Return Receipt for Merchandise
 - Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0003 1935 1320

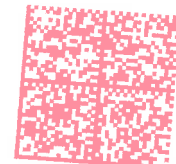



ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 LOCAL OVERSIGHT PROGRAM (LOP)
 For Hazardous Materials Releases
 1131 Harbor Bay Parkway
 Alameda, CA 94502-6577

CERTIFIED MAIL™



7011 3500 0003 1935 1320

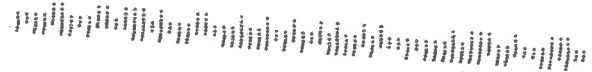


UNITED STATES POSTAGE

 PITNEY BOWES
 02 1P
\$ 003.810
 0003192449 FEB 15 2018
 MAILED FROM ZIP CODE 94502

003280

Anthony Digenova
 c/o Gaetani Reality Co
 4444 Geary Blvd., Ste 105
 San Francisco, CA 94118-3040

941183040 0035





Certified Mail #: 7011 3500 0003 1935 1320

February 13, 2018

NOTICE OF RESPONSIBILITY

Site Name & Address:

77 Glen Avenue
Oakland, CA 94611-4968
Alameda County

Local ID: RO0003280
Related ID: NA
RWQCB ID: NA
Global ID: T10000011131

Responsible Party:

DIGENOVA ANTHONY c/o GAETANI REALTY CO
4444 GEARY BLVD STE 105
SAN FRANCISCO, CA 94118-3040

Date First Reported: May 2017

Substance:

- 8006619 Gasoline-Automotive (motor gasoline and additives), leaded & unleaded
- 12034 Diesel fuel oil & additives (Nos. 1-D, 2-D, 2-4)

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 DIGENOVA ANTHONY c/o GAETANI REALTY CO 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 Drew York at this office at (510) 639-1276 if you have questions regarding your site.

 Date: 02-13-2018

RONALD BROWDER, 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