

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 118 918 715

06/18/92  
STID# 3793

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Notice of Requirement to Reimburse**

John Streich  
Wells Fargo Bank Trustees  
P.o. Box 2485  
Los Angeles, California 90051

Responsible Party #1  
Property Owner

Michael Wheland  
Arco Products Company  
P.o. Box 5811  
San Mateo, California 94402

Responsible Party #2  
Contact Person  
Contact Company

Arco AM/PM #02169  
889 W. Grand Ave.  
Oakland, CA 94607

SITE

Date First Reported 05/10/91  
Substance: Gasoline  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been indentified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  (SH) #3793 Wells Fargo Bank Trustees Attn: John Streich P.O. Box 2485 Los Angeles, CA 90051	4. Article Number P 118 918 715 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address <input checked="" type="checkbox"/> <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid) JUN 25 1992
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 118 918 715



**Receipt for Certified Mail**

No Insurance Coverage Provided  
 Do not use for International Mail

(SH) #3793 See Reverse)

Sent to	John Streich
Street and No	P.O. Box 2485
P O State and ZIP Code	Los Angeles, CA 90051
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

ALAMEDA COUNTY  
HEALTH CARE SERVICES

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State Water Resources Control Board  
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DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

March 23, 1992

Dear Sir:

The attached "Notice of Reimbursement" is not a bill. It is required by our contract with the State Water Resources Control Board that we send this letter to all responsible parties involved in a leaking petroleum underground tank site. You fall into the following category:

You (or your contractor/consultant) deposited funds for us to use to oversee the tank removal followed by the cleanup. Your case has been transferred to the Alameda County Local Oversight Program. This will involve your being billed after after the work has been accomplished. It is directed to all responsible parties as the law requires all operators and owners to be notified.

We will continue to work with you to resolve the site remediation in progress.

If you still have any question please call this office at 271-4530 and ask for the specialist noted in the attached notice.

Sincerely,

Thomas F. Peacock, Supervising HMS  
Hazardous Material Division

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Certified Mail # P118 918 715

06/18/92  
STID# 3793

P118 918 716

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Notice of Requirement to Reimburse**

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Responsible Party #1  
Property Owner

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Edgar B. Howell, III, Chief  
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1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  Arco Products Company Attn: Michael Wheland P.O. Box 5811 San Mateo, CA 94402	4. Article Number P 118 918 716
5. Signature - Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery JUN 25 1992	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

P 118 918 716



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(SH) #3793 (See Reverse)

Sent to <b>Michael Wheland</b>	
Street and No. <b>P.O. Box 5811</b>	
P.O., State and ZIP Code <b>San Mateo, CA 94402</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991