

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ARNOLD PERKINS, DIRECTOR
RAFAT A. SHAHID, DEPUTY DIRECTOR

Certified Mail # P 368 729 292
01/31/96
STID# 4118

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Notice of Requirement to Reimburse

Oscar & Mildred Lang
Ras Co Manufacturing
1265 Primrose Dr
San Leandro Ca 94578

Responsible Party (RP) #1
Property Owner

Karniel Lang
Ras-co Manufacturing
413 W Sunset Blvd
Hayward Ca 94541

Responsible Party (RP) #2
*Business Owner/
VST Operator*

Ras-Co Manufacturing Co.
413 W Sunset Blvd
Hayward, CA 94541

SITE

Date First Reported 11/22/94
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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 site investigation 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 identified 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced underground storage tank site, and the above Responsible Party or Parties (RPs) must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter
01/31/96
StID# 4118
Page 2

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408.
Please contact Amy Leech, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: Update Prop. Owner Info.

ALL P 368 729 292

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to Oscar & Mildred Lang	
Ras Co Manufacturing	
Street & Number 1265 Primrose Drive	
Post Office, State, & ZIP Code San Leandro CA 94578	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

RETURN:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: #4118 A. Leech

Oscar & Mildred Lang
 Ras Co Manufacturing Co.
 1265 Primrose Drive
 San Leandro CA 94578

4a. Article Number
 P 368 729 292

4b. Service Type

<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

7. Date of Delivery
FEB 8 - 1995

5. Signature (Addressee)
Oscar & Mildred Lang

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ARNOLD PERKINS, DIRECTOR
RAFAT A. SHAHID, DEPUTY DIRECTOR

Certified Mail # P 368 729 293
01/31/96
STID# 4118

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Notice of Requirement to Reimburse

Oscar & Mildred Lang
Ras Co Manufacturing
1265 Primrose Dr
San Leandro Ca 94578

Responsible Party (RP) #1
Property Owner

Karniel Lang
Ras-co Manufacturing
413 W Sunset Blvd
Hayward Ca 94541

Responsible Party (RP) #2
*Business Owner /
UST Operator*

Ras-Co Manufacturing Co.
413 W Sunset Blvd
Hayward, CA 94541

SITE

Date First Reported 11/22/94
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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Reimburse Letter
01/31/96
StID# 4118
Page 2

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Please contact Amy Leech, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: Update Prop. Owner Info.

#4118
 ALL P 368 729 293

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to Karniel Lang	
Ras Co Manufacturing	
Street & Number 413 W. Sunset Blvd.	
Post Office, State, & ZIP Code Hayward CA 94541	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?	<p>SENDER:</p> <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered. 	<p>I also wish to specify the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
	<p>3. Article Addressed to: #4118 A. Leech</p> <p>Karniel Lang Ras Co Manufacturing 413 W. Sunset Blvd. Hayward CA 94541</p> <p><i>Linda G. Lang</i></p> <p>5. Signature (Addressee)</p> <p>6. Signature (Agent)</p>	<p>4a. Article Number P 368 729 293</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>

Certified Mail #

02/16/95
STID# 4118

Notice of Requirement to Reimburse

Oscar Lang
Ras Co Manufacturing
413 W. Sunset Blvd
Hayward, Ca 94541

Responsible Party #1
Property Owner

Karniel Lang
Ras-co Manufacturing
413 W Sunset Blvd
Hayward Ca 94541

Responsible Party #2
Contact Person
Contact Company

Ras-Co Manufacturing Co.
413 W Sunset Blvd
Hayward, CA 94541

SITE

Date First Reported 11/22/94
Substance: Gasoline
Petroleum: (X)Yes

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

Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add Reason: Add/RP

ALL
#4118

Z 196 176 772



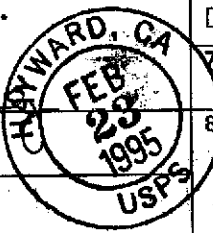
Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Oscar & Karniel Lang	
Street and No. 413 W. Sunset Blvd.	
P.O., State and ZIP Code Hayward CA 94541	
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	

<p>SENDER:</p> <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered. 	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
	<p>3. Article Addressed to: A. Leech #4118</p> <p>Oscar & Karniel Lang Ras-Co Manufacturing 413 W. Sunset Blvd. Hayward CA 94541</p> <p><i>Linda J. Lang</i></p>
<p>5. Signature (Addressee)</p>	<p>7. Date of Delivery</p>
<p>6. Signature (Agent)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>



Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Certified Mail #

11/29/94
STID# 4118

Notice of Requirement to Reimburse

Oscar Lang
Ras Co Manufacturing
413 W. Sunset Blvd
Hayward, C A 94541

Responsible Party
Property Owner

Ras-Co Manufacturing Co.
413 W Sunset Blvd
Hayward , CA 94541

SITE Date First Reported 11/22/94
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 site investigation 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 identified 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.

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: : X Reason: *RP's name misspelled.*

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

Certified Mail # Z 773 036 386

11/28/94
STID# 4118

Notice of Requirement to Reimburse

Oscar Land
Ras Co Manufacturing
413 W. Sunset Blvd
Hayward, C A 94541

Responsible Party
Property Owner

Ras-Co Manufacturing Co.
413 W Sunset Blvd
Hayward , CA 94541

SITE

Date First Reported 11/22/94
Substance: Gasoline
Petroleum: (X)Yes

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: ADD : X Reason: *New Case*

#4118 Z 773 036 386



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to	
Oscar Land	
Street and No.	
413 W. Sunset Blvd	
P.O., State and ZIP Code	
Hayward CA 94541	
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	

11/28/94
Amy,
Please see Eva
re: this
(no!!)

LOP - RECORD CHANGE REQUEST FORM

printed:
11/22/94

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 4118
 SITE NAME: Ras-Co Manufacturing Co. DATE REPORTED : 11/22/94
 ADDRESS : 413 W Sunset Blvd DATE CONFIRMED: 11/22/94
 CITY/ZIP : Hayward 94541 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:2A4 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 11/22/94
 PRELIMINARY ASMNT: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-
 ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 11/22/94
 LUFT FIELD MANUAL CONSID: -0-
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : -0- REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Oscar Land
 COMPANY NAME: Ras Co Manufacturing
 ADDRESS: 413 W. Sunset Blvd
 CITY/STATE: Hayward, C A 94541

INSPECTOR VERIFICATION:					
NAME _____	SIGNATURE _____	DATE _____			
DATA ENTRY INPUT:					
Name/Address Changes Only			Case Progress Changes		
ANPPGMS _____	LOP _____	DATE _____	LOP _____	DATE _____	