

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 172

10/06/92
STID# 37

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

Notice of Requirement to Reimburse

Chentso Chiu
812 5th Avenue
Oakland, Ca 94606

Responsible Party #1
Property Owner

~~Alex Shaw~~
Dynamic Investment Realty Corp
950 Clement St.
San Francisco, Ca 94105

Responsible Party #2
Contact Person
Contact Company

Bill Louie's Auto Service
800 Franklin St.
Oakland, CA 94607

SITE

Date First Reported 07/06/89
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 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.

Please contact Tom PEACOCK, Supervising 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: ID additional RP

P 113 815 7 2



Receipt for Certified Mail

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

(TP) #37

PS Form 3800, June 1991

Sent to Alex Shaw	
Street and No. 950 Clement St.	
P.O., State and ZIP Code San Francisco CA 94105	
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	

- Complete items 1 and 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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: (TP) #37

**Texaco Refining & Marketing
Attn: Rose Coughlin
10 Universal City Plaza
Universal City, CA 91608**

4a. Article Number
P 113 815 173

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date **OCT 14 1992**

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)
OCT 14 1992

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 173

10/06/92
STID# 37

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Notice of Requirement to Reimburse

Chentso Chiu

812 5th Avenue
Oakland, Ca 94606

Responsible Party #1
Property Owner

Rose Coughlin

Texaco Refining & Marketing
10 Universal City Plaza
Universal City, Ca 91608

Responsible Party #2
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Contact Company

Bill Louie's Auto Service
800 Franklin St.
Oakland, CA 94607

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Please contact Tom PEACOCK, Supervising Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III
Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: ID additional RP

P 113 815 173



Receipt for Certified Mail

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

(TP) #37

*Bruce Beale
Sampling 10/13/90
w/Boiler*

PS Form 3800, June 1991

Sent to	
Rose Coughlin	
Street and No.	
10 Universal City Plaza	
P. O., State and ZIP Code	
Universal City, CA 91608	
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	

SENDER:

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: (TP) #37
 Dynamic Investment Realty Corp
 Attn: Alex Shaw
 950 Clement Str.
 San Francisco, CA 94105

4a. Article Number
 P 113 815 172

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 10-13

5. Signature (Addressee)

6. Signature (Agent)

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

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail #

12/04/92
STID# 37

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Notice of Requirement to Reimburse

Chentso Chiu

812 5th Avenue
Oakland, Ca 94606

Responsible Party
Property Owner


Bill Louie's Auto Service
800 Franklin St.
Oakland, CA 94607

SITE

Date First Reported 07/06/89
Substance: Gasoline
Petroleum: (X)Yes

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for Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use: Update : X Reason: delete added RP's

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 172

10/06/92
STID# 37

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

Notice of Requirement to Reimburse

Chentso Chiu
812 5th Avenue
Oakland, Ca 94606

Responsible Party #1
Property Owner

Alex Shaw
Dynamic Investment Realty Corp
950 Clement St.
San Francisco, Ca 94105

Responsible Party #2
Contact Person
Contact Company

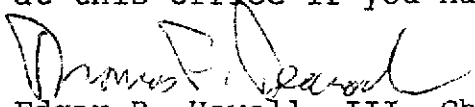
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Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use: Add: X Reason: ID additional RP

**ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY**

Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621

92 OCT 22 11:25

RETURNED TO SENDER

REASON CHECKED

Unclaimed	Refused
Attempted - Not known	<input checked="" type="checkbox"/>
Insufficient Address	
No such street number	
No such office in state	

Do not re-mail in this envelope

~~Dynamic Investment Realty Corp.
Attn: Alex Shaw
950 Clement St.
San Francisco, CA 94105~~

DYNARSO 94113 IN 10/19/92
RETURN TO SENDER
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

CERTIFIED MAIL
P 103 815 172





Certified Mail # P 367 604 701

03/05/92
STID# 37

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

Notice of Requirement to Reimburse

Chentso Chiu
812 5th Avenue
Oakland, Ca 94606

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Texaco
800 Franklin Street
Oakland, Ca 94612

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Contact Company

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

JS

P 367 604 701

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Alex Shaw and Assoc.	
Street and No. 800 Franklin St.	
P.O., State, and ZIP Code Oakland CA 94612	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.29
Postmark or Date	3.16.92

5710 37

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 367 604 700

03/05/92
STID# 37

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

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Oakland, Ca 94612

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Contact Person
Contact Company

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 367 604 700
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1985-234-555
 PS Form 3800, June 1985

Sent to Chentso Chiu	
Street and No. 812-5th Av.	
P.O., State and ZIP Code Oakland CA 94606	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.29
Postmark or Date	3.16.92

5710 37

INSTRUCTIONS: 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: Chentso Chiu 812-5th Av. Oakland CA 94606	4. Article Number 37
5. Signature - Address X <i>[Signature]</i>	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 <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 17 March	8. Addressee's Address (ONLY if requested and fee paid)