



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

September 1, 2001
Project 821803 (330-006.2Q)

Mr. M.E. Kast
17349 Via Magdalena
San Lorenzo, California 94580

Re: Reimbursement for September 1, 2001
17349 Via Magdalena San Lorenzo, CA 94580

Dear Mr. M.E. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of September 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', followed by a long horizontal line extending to the right.

Shaw Garakani
Project Manger

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1395

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE September 5, 2001

11-49/1210

PAY TO THE
ORDER OF

Mr. M. E. Kast

\$30.00

THE SUM OF 30 DOLLARS 00 CTS

DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466

⑈001395⑈ ⑆121000497⑆ 7000150481⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
9/5/01	Reimbursement 821803.00008000	\$30.00

20255



IT Corporation
1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

✓ 1779

September 1, 2001
Project 821803 (330-006.2Q)

Ms. Marcella Roberts
675 Hacienda Avenue
San Lorenzo, California 94580

SEP 13 2001

Re: Reimbursement for September 1, 2001
675 Hacienda San Lorenzo, CA 94580

Dear Ms. Marcella Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of September 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani
Project Manger

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1397

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

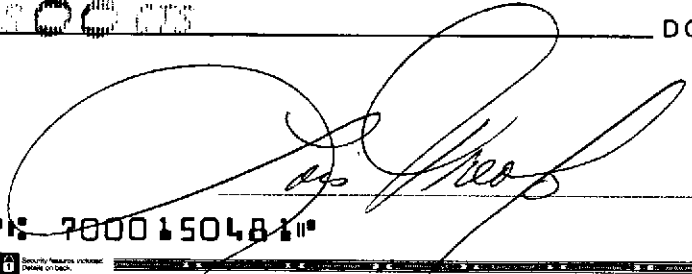
DATE September 5, 2001 11-49/1210

PAY TO THE ORDER OF Ms. Marjorie Luehrs

\$ 30.00

THE SUM OF 30 00/100 DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001397⑈ ⑆121000497⑆ 7800150481⑈

DETACH AND RETAIN THIS STATEMENT
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IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
9/5/01	Reimbursement 821803.00008000	\$30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

September 1, 2001
Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs
17348 Via Enicas
San Lorenzo, California 94580

Re: Reimbursement for September 1, 2001
17348 Via Enicas San Lorenzo, CA 94580

Dear Ms. Marjorie Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of September 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', written over a horizontal line.

Shaw Garakani
Project Manger

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1396

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE September 5, 2001

11-49/1210

PAY TO THE ORDER OF Ms. Marcella Roberts

\$30.00

THE SUM OF THIRTY DOLLARS DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466

Ms. Roberts
MP

⑈001396⑈ ⑆121000497⑆ 7000150481⑈

Security Feature: MICR LINE

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
9/5/01	Reimbursement 821803.00008000	\$30.00



IT Corporation
1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

AUGUST 1, 2001
Project 821803 (330-006.2Q)

S.P.B
779 ✓

Mr. M.E. Kast:

17349 Via Magdalena
San Lorenzo, California 94580

Re: Reimbursement for AUGUST 1, 2001
17349 Via Magdalena San Lorenzo, CA 94580

Dear Mr. M.E. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of August 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1348

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE July 23, 2001

11-49/1210

PAY TO THE ORDER OF Mr. M.E. Kast

\$ 30.00

THE SUM OF 30 00/100 DOLLARS

DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466

M. E. Kast
MP

⑈001348⑈ ⑆121000497⑆ 7000150481⑈

Security features included. Details on back.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
7/23/01	Reimbursement 821803.00008000	\$30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

AUGUST 1, 2001
Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs

17348 Via Encinas
San Lorenzo, California 94580

Re: Reimbursement for AUGUST 1, 2001
17349 Via Magdalena San Lorenzo, CA 94580

Dear Ms. Marjorie Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of August 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

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Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

Check Request

VISION
Accounts payable

Purpose: To request payment when there is no documentaion, or to request a namual check.

Instructions: Check only one.

Check Request (Complete the form.)

Manual Check (Attach an invoice)

							Accounting Use Only	
Vendor Number	Invoice Number	Department Number	Invoice Amount	Invoice Date	Date Requested	Date Required	Voucher No./Type	Batch Number

Requestor Must Complete All Fields

Vendor Name		Purpose of Check	
		Reimbursement	
Payable to			
Mrs. Marjorie Luehrs			
Address		Requested by: Name/Date	
17348 Via Encinas		TINA ORLANDO 7/25/01	
		Requested by: Name/Date	
		Tina Orlando 7/23/01	
City, State	Zip Code	Disposition of Check	
San Lorenzo	CA 94580	<input type="checkbox"/> Mail <input type="checkbox"/> Fed-X Dept# <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Hold Until: <input type="checkbox"/> Return To:	

G/L Account Number			Subledger		Amount	Description
Department	Object Account	Sub Account	Number	Type		
Project	Cost Type	Cost Code				
ARCO 821803		00008002			30.00	Reimbursement

Prepared by: Name/Date		Entered by: Name / Date:	
Tina Orlando 7/23/01			

Total of Check 30.00

1349

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE July 24, 2001

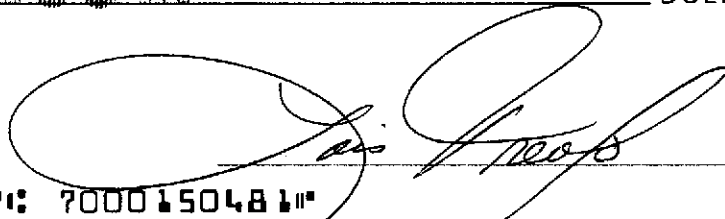
11-49/1210

PAY TO THE ORDER OF Ms. Marjorie Luehrs

\$ 30.00

THE SUM OF 30 DOLLARS 00 CTS DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



MP

⑈001349⑈ ⑆121000497⑆ 7000150481⑈

 Security features included. Please see back.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
7/24/01	Reimbursement 821803.00008000	\$30.00

V-2



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

AUGUST 1, 2001
Project 821803 (330-006.2Q)

Ms. Marcella Roberts:

675 Hacienda Avenue
San Lorenzo, California 94580

Re: Reimbursement for AUGUST 1, 2001
17349 Via Magdalena San Lorenzo, CA 94580

Dear Ms. Marcella Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of August 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

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Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1350

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE July 24, 2001

11-49/1210

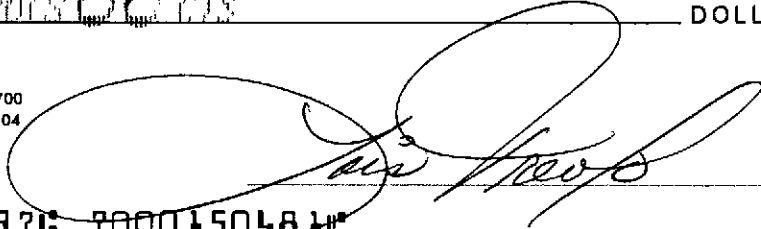
PAY TO THE ORDER OF Ms. Marcella Roberts

\$ 30.00


THE SUM OF 30 DOLLARS 00 CTS

DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001350⑈ ⑆121000497⑆ 7800150481⑈

 Security Features: MICR, DEPOSIT TRACK

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
7/24/01	Reimbursement 821803.00008000	\$30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

June 12, 2001
Project 821803 (330-006.2Q)

JUN 21 2001

Ms. Marcella Roberts
975 Hacienda Avenue
San Lorenzo, California 94580

Re: Reimbursement for June 2001
975 Hacienda Avenue
San Lorenzo, California

STID
779 ✓
REVIEWED
9/27/01
[Signature]

Dear Ms. Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of June 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1306

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE June 7, 2001

11-49/1210

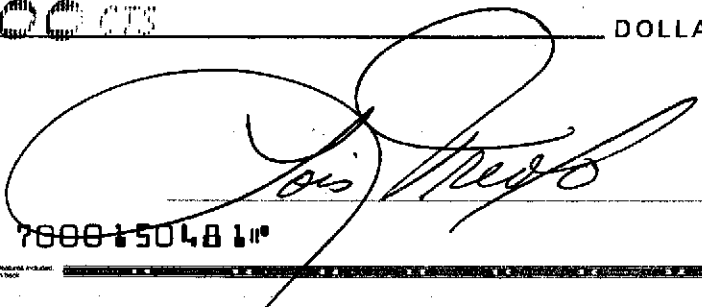
PAY TO THE ORDER OF Ms. Marcella Roberts

\$ 30.00

THE SUM OF 30 00/100 DOLLARS

DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001306⑈ ⑆121000497⑆ 7888150481⑈

DETACH AND RETAIN THIS STATEMENT
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IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
6/7/01	Reimbursement 821803.00008000	\$30.00

V-2



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

June 12, 2001
Project 821803 (330-006.2Q)

Mr. M. E. Kast
17349 Via Magdalena
San Lorenzo, California 94580

Re: Reimbursement for June 2001
17349 Via Magdalena
San Lorenzo, California

Dear Mr. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of June 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

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Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1305

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE June 7, 2001

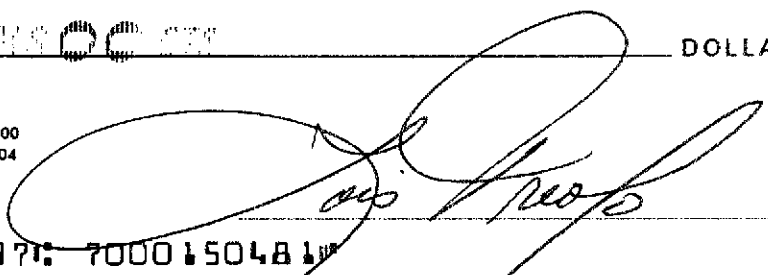
11-49/1210

PAY TO THE ORDER OF Mr. M.E. Kast

\$ 30.00

THE SUM OF THIRTY DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001305⑈ ⑆121000497⑆ 7000150481⑈

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

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DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
6/7/01	Reimbursement 821803.00008000	\$30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

June 12, 2001
Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs
17348 Via Encinas
San Lorenzo, California 94580

Re: Reimbursement for June 2001
17348 Via Encinas
San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of June 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

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Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1304

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE June 7, 2001

11-49/1210

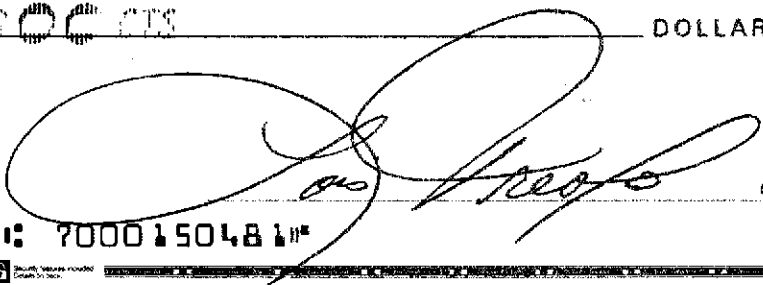
PAY TO THE ORDER OF Ms. Marjorie Luehrs

\$ 30.00

THE SUM OF THIRTY DOLLARS

DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001304⑈ ⑆121000497⑆ 7000150481⑈

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DETACH AND RETAIN THIS STATEMENT
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IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
6/7/01	Reimbursement 821803.00008000	\$30.00



779

IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

April 5, 2001
Project 809628 (330-006.2Q)

Ms. Marcella Roberts
675 Hacienda Avenue
San Lorenzo, California 94580

Re: Reimbursement for April 2001
675 Hacienda Avenue
San Lorenzo, California

Dear Ms. Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

April 5, 2001
Project 809628 (330-006.2Q)

Ms. Marjorie Luehrs
17348 Via Encinas
San Lorenzo, California 94580

Re: Reimbursement for April 2001
17348 Via Encinas
San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

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Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

April 5, 2001
Project 809628 (330-006.2Q)

Mr. Armando Corregedor
642 Hacienda Avenue
San Lorenzo, California 94580

Re: Reimbursement for April 2001
642 Hacienda Avenue
San Lorenzo, California

Dear Mr. Corregedor:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

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Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

April 5, 2001
Project 809628 (330-006.2Q)

Mr. M.E. Kast
17349 Via Magdalena
San Lorenzo, California 94580

Re: Reimbursement for April 2001
17349 Via Magdalena
San Lorenzo, California

Dear Mr. Kast:

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IT Corporation

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Shaw Garakani
Project Engineer

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cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

MAY 09 2001

May 1, 2001
Project 821803 (330-006.2Q)

Ms. Marcella Roberts
675 Hacienda Avenue
San Lorenzo, California 94580

779

Re: Reimbursement for May 2001
675 Hacienda Avenue
San Lorenzo, California

Dear Ms.Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of May 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani
Project Engineer

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cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1277

IT CORPORATION

1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE May 2, 2001

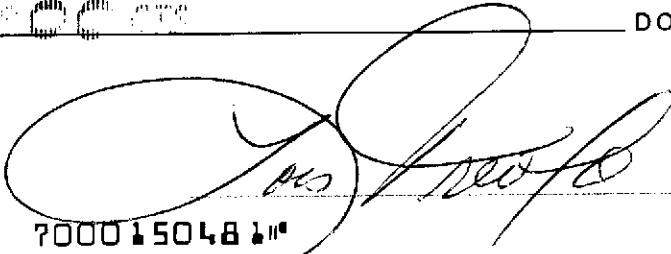
11-49/1210

PAY TO THE ORDER OF Ms. Marcella Roberts

\$ 30.00

THE SUM OF THIRTY DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001277⑈ ⑆121000497⑆ 7000150481⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
5/2/01	Reimbursement 821803.00008000	\$30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

May 1, 2001
Project 821803 (330-006.2Q)

Mr. M.E. Kast
17349 Via Magdalena
San Lorenzo, California 94580

Re: Reimbursement for May 2001
17349 Via Madgalena
San Lorenzo, California

Dear Mr. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of May 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', written over a horizontal line.

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1275

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE May 2, 2001

11-49/1210

PAY TO THE
ORDER OF

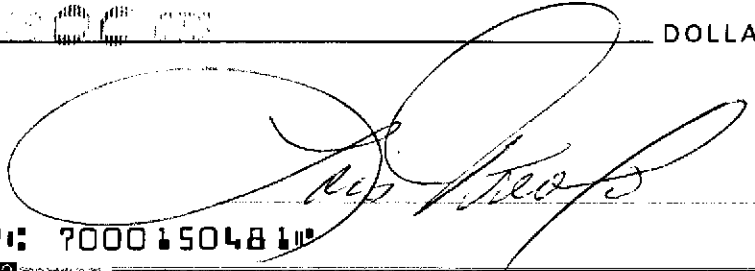
Mr. M. E. Kast

\$30.00

THE SUM OF THIRTY DOLLARS

DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001275⑈ ⑆121000497⑆ 7000150481⑈

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IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

May 1, 2001
Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs
17348 Via Magdalena
San Lorenzo, California 94580

Re: Reimbursement for April & May 2001
17348 Via Magdalena
San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find two \$30.00 checks to reimburse you for the discontinued use of your well during the months of April & May 2001. IT Corporation apologizes for the delay in transmitting a check for April, as last month your check was incorrectly mailed. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', with a long horizontal line extending to the right.

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group



April 1, 2001
Project 809628 (330-006.2Q)

Ms. Marjorie Luehrs
17348 Via Encinas
San Lorenzo, California 94580

Re: Reimbursement for April 2001
17348 Via Encinas
San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Paul Supple, P.O. Box 6549, Moraga, CA 94570

1263

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE April 6, 2001

11-49/1210

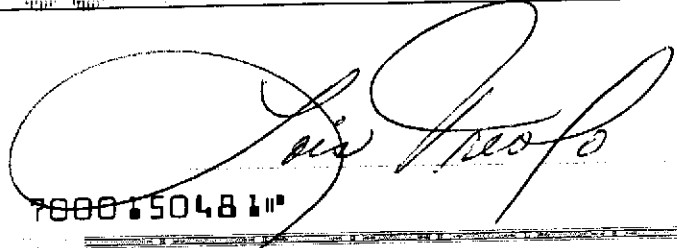
PAY TO THE
ORDER OF

Ms. Margarie Luchrs

\$30.00

THE SUM OF 30 00/100 DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001263⑈ ⑆121000497⑆ 7888150481⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF FEES DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESERVED

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
4/6/2001	Homeowner Reimbursement - April 821803.00008000 Cost Type 9730	\$30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

February 1, 2001
Project 821803 (330-006.2Q)

Mr. Armado Corregedor
642 Hacienda Avenue
San Lorenzo, California 94580

Re: Reimbursement for February 2001
642 Hacienda Avenue
San Lorenzo, California

Dear Mr. Corregedor:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', with a horizontal line extending to the right.

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053

1230

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE 2/5/01

11-49/1210

PAY TO THE ORDER OF Mr. Armando Corregedor \$ 30.00

THE SUM OF 30 DOLS 00 CTS DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466

Armando Corregedor MP

⑈001230⑈ ⑆121000497⑆ 700015048⑈



IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement 821803.9730.00008000	\$ 30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

February 1, 2001
Project 821803 (330-006.2Q)

Ms. Marcella Roberts
675 Hacienda Avenue
San Lorenzo, California 94580

Re: Reimbursement for February 2001
675 Hacienda Avenue
San Lorenzo, California

Dear Ms. Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', written over a horizontal line.

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053

1229

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

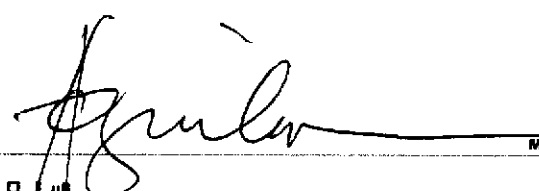
DATE 2/5/01

11-49/1210

PAY TO THE ORDER OF Ms. Marcella Roberts \$ 30.00

THE SUM OF THIRTY DOLLARS DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001229⑈ ⑆121000497⑆ 700015048⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement 821803.9730.00008000	\$ 30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

February 1, 2001
Project 821803 (330-006.2Q)

Mr. M. E. Kast
17349 Via Magdalena
San Lorenzo, California 94580

Re: Reimbursement for February 2001
17349 Via Magdalena
San Lorenzo, California

Dear Mr. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', written over a horizontal line.

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053

1227

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

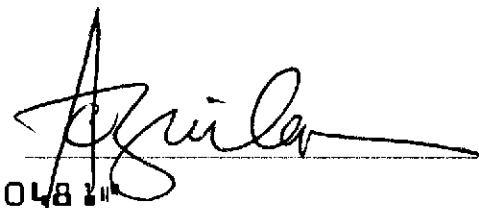
DATE 2/5/01

11-49/1210

PAY TO THE ORDER OF Mr. M.E. Kast \$ 30.00

THE SUM OF THIRTY DOLLARS DOLLARS

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466



⑈001227⑈ ⑆121000497⑆ 700015048⑈

Security features included. See back of card.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement 821803.9730.00008000	\$ 30.00



IT Corporation

1921 Ringwood Avenue
San Jose, CA 95131-1721
Tel. 408.453.7300
Fax. 408.437.9526

A Member of The IT Group

February 1, 2001
Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs
17348 Via Encinas
San Lorenzo, California 94580

Re: Reimbursement for February 2001
17348 Via Encinas
San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

A handwritten signature in black ink, appearing to read 'Shaw Garakani', written over a horizontal line.

Shaw Garakani
Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,
Alameda, CA 94502
Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA
98053

1228

IT CORPORATION

1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DATE 2/5/01

11-49/1210

PAY TO THE
ORDER OF

Ms. Marjorie Luehrs

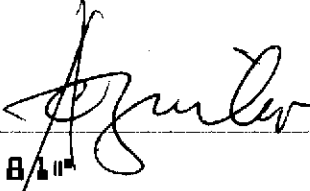
\$ 30.00

THE SUM OF 30 DOLLARS

DOLLARS

UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466


MP

⑈001228⑈ ⑆121000497⑆ 7000150481⑈

Security Features included
Check on back.

IT CORPORATION
1921 RINGWOOD AVE.
SAN JOSE, CA 95131

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement	\$ 30.00
	821803.9730.00008000	