

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

certified mailer #P 367 604 638

January 2, 1992
STID# 3613

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

Notice of Requirement to Reimburse

Shell Oil Company
ATTN: Jack Brastad
P.O.Box 5278
Concord, CA 94524

638

Responsible Party
Contact Person
Contact Company

Joseph H. Chan & Ivy T. Wong Trust
etal
21250 Hawthorne Bl. #830
Torrence, CA 90503

539

Responsible Party
Property Owner

Former Shell Station
500 - 40th St.
Oakland, CA 94609

SITE

Date First Reported 07/--/82
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.

If you have any questions concerning this matter please contact Thomas Peacock, Supervising Hazardous Material Specialist, at this office.

P 367 604 638

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 <i>Shell Oil</i>	
Street and No. <i>P.O. Box 5278</i>	
P.O., State and ZIP Code <i>Concord, CA 94524</i>	
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	\$ <i>2.29</i>
Postmark Date	<i>June 6, 1992</i>
<i>430pm</i>	

3613

Put your address in "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: <i>Shell Oil attn: Jack Brastad P.O. Box 5278 Concord, CA 94524</i>	4. Article Number <i>3613</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	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>J. Baker</i>	
7. Date of Delivery <i>1-11-92</i>	

Notice of Requirement to Reimburse
 Former Shell Station Stid 3613
 January 2, 1992
 Page 2 of 2

Sincerely,

Thomas F. Deauch
 for Edgar B. Howell, III, Chief
 Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use : add: X Reason: New case

P 367 604 639

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

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

Sent to	Wong Trust
Street and No.	21250 Hawthorne Bl.
P.O., State and ZIP Code	Torrance, CA 90503
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	JAN 6, 1992 4300

PS Form 3800, June 1985

3673

Complete items 1 and 2 when additional services are requested and complete items 3 and 4.
 Put your address in "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: WONG TRUST 21250 Hawthorne Bl. #830 TORRENCE, CA 90503	4. Article Number 8613
5. Signature - Address <input checked="" type="checkbox"/> Dorothy Chan	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 <input checked="" type="checkbox"/>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 01-09-92	8. Addressee's Address (ONLY if requested and fee paid)