

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 # P062 128132

07/13/92  
STID# 4241

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

Notice of Requirement to Reimburse

Mr. Ted Walley  
Fiesta Beverage  
966 89th Ave  
Oakland Ca 94621

Responsible Party #1  
Property Owner

Fiesta Beverage  
7402 Hillview Ct.  
Pleasanton, Ca 94588

Responsible Party #2  
Contact Person  
Contact Company

Fiesta Beverage  
966 - 89th Ave.  
Oakland, CA 94621

SITE

Date First Reported 02/05/91  
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 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 Barney CHAN, 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

P 062 128 132

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(BC) #4241 (See Reverse)

Sent to	
Street and No. 7402 Hillview Ct.	
P.O. State and ZIP Code Pleasanton, CA 94588	
Postage	\$
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt showing Date and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

ST10 4241

PS Form 3800, Jan 7, 1985

**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) **ST10 4241**      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  Fiesta Beverage 7402 Hillview Ct. Pleasanton, CA 94588	4. Article Number P 062 128 132
	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 <b>DATE DELIVERED.</b>	
5. Signature of Address. X <i>Aida Walker</i>	B. Addressee's Address (ONLY if requested and fee paid)
6. Signature of Agent X	
7. Date of Delivery 7/17/92	

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 062 28 131

07/13/92  
STID# 4241

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

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 062 128 131

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(BC) #4241 (See Reverse)

Sent to <b>Ted Walley</b>	
Street and No. <b>966 89th Avenue</b>	
P.O., State and ZIP Code <b>Oakland, CA 94621</b>	
Postage	\$
Certified Fee	
Spec. Delivery Fee	
Reg. Use Delivery Fee	
Return Receipt (owing to addressee and Date Delivered)	
Return Receipt (owing to sender, Date and Address of Return)	
TOTAL Postage and Fees	\$
Postmark or Date	

ST10 4241

PS Form 3800, June 1985

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 062 28 131

07/13/92  
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Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

Notice of Requirement to Reimburse

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Property Owner

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Add: X Reason: New Case

<p><b>Instructions:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>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.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge) <b>STID 4241</b></p> <p>2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p style="text-align: right;">(BC) #4241</p> <p>Fiesta Beverage Attn: Mr. Ted Walley 966 89th Ave. Oakland, CA 94621</p>	<p>4. Article Number <b>P 062 128 131</b></p> <p>Type of Service:</p> <p><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</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature — Address <b>X</b></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent <b>X</b></p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-888 DOMESTIC RETURN RECEIPT

ALAMEDA COUNTY  
HEALTH CARE SERVICES AGENCY

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

RO314

92 JUL 29

Fiesta Beverage  
Attn: Mr. Ted Walley  
966 89th Avenue  
Oakland, CA 94621

