

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

Certified Mail # 7 296 048 465
11/14/95 - STID# 1699

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program

1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

Notice of Requirement to Reimburse

n/a
Utah International
P O Box 7611
San Francisco, Ca 94120

Responsible Party #1
Property Owner

Kenneth Kan
Chevron U S A Products C O
P. O. Box 5004
San Ramon, Ca 94583-0804

Responsible Party #2

Weber's Chevron Svc Inc#9-6607
2340 Otis Dr
Alameda, CA 94501

SITE

Date First Reported 02/19/91
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 must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

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 or telephone (916) 227-4408. Please contact Juliet M SHIN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

for Gordon Coleman
Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One: Add Delete Change

Reason: Changed RP#2 contact name + address

Standard Form UST03 (6/93) ; Report: ReimRP 5/95

Is your RETURN ADDRESS completed on the reverse side?

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.
- 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: J. Shin #1699

Utah International
P.O. Box 7611
San Francisco CA 94120
*2340 Otis Dr
Alameda*

4a. Article Number
Z 296 048 465

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
NOV 28 1995

5. Signature (Addressee)
R. Swarthelobon

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**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a
- 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: J. Shin #1699

Kenneth Kan
Chevron USA Products Co.
P.O. Box 5004
San Ramon CA 94583-0804
*2340 Otis Dr
Alameda*

4a. Article Number
Z 296 048 466

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
NOV 17 1995

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

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**

Thank you for using Return Receipt Service.

PS Form 3800, March 1993

Receipt for Certified Mail

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

Sent to	Utah International
Street and P.O. Box No.	P.O. Box 7611
P.O. State and ZIP Code	San Francisco CA 94120
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	

#1699
JMS

Z 296 048 465

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

Certified Mail # 7 296 048 466
11/14/95 - STID# 1699

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program

1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

Notice of Requirement to Reimburse

n/a
Utah International
P O Box 7611
San Francisco, Ca 94120

Responsible Party #1
Property Owner

Kenneth Kan
Chevron U S A Products C O
P. O. Box 5004
San Ramon, Ca 94583-0804

Responsible Party #2


Weber's Chevron Svc Inc#9-6607
2340 Otis Dr
Alameda, CA 94501

SITE

Date First Reported 02/19/91
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 must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

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for 
Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One: Add Delete Change

Reason: Changed RP#2 contact name and address
Standard Form UST03(6/93) ; Report: ReimRP 5/95

#1699
JMS

Z 296 048 466



**Receipt for
Certified Mail**

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

PS Form 3800, March 1983

Sent to Kenneth Kan	
Street and No. P.O. Box 5004	
P.O., State, and ZIP Code San Ramon CA 94583-0804	
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	



certified mailer #P 367 604 337

November 15, 1991
STID# 1699

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

Notice of Requirement to Reimburse

Utah International Inc.
P.O. Box 7611
San Francisco, CA 94120

336

Responsible Party
Contact Person
Property Owner

Chevron U.S.A. Inc.
ATTN: Nancy Vukelich
2410 Camino Ramon
San Ramon, CA 94583

337

Responsible Party
Tank Operator

Chevron Station #6607
2340 Otis Dr.
Alameda CA, 94501

SITE

Date First Reported 02/19/91
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 sight 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.

Edgar B. Howell, III, Chief
Contract Project Director

Notice of Requirement to Reimburse
 Chevron Station # 6607
 November 15, 1991
 Page 2 of 2

cc: Sandra Malos, SWRCB

SWRCB Use : add: X Reason: New case

<p>SENDER: Complete items 1 and 2 when additional services are desired, or 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.</p>							
<p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge) 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>3. Article Addressed to:</p> <p style="text-align: center;">Utah International Inc. P.O.Box 7611 San Francisco, CA 94120</p>	<p>4. Article Number</p> <p>Type of Service:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</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
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<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature -- Address X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature -- Agent X <i>[Signature]</i></p>							
<p>7. Date of Delivery NOV 21 1991</p>							
<p>PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT</p>							

<p>SENDER: Complete items 1 and 2 when additional services are desired, or 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.</p>							
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<p>3. Article Addressed to:</p> <p style="text-align: center;">Chevron USA Inc. 2410 Camino Ramon San Ramon, CA 94583</p> <p>attn: Nancy Vukelich</p>	<p>4. Article Number</p> <p>Type of Service:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</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
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<p>6. Signature -- Agent X <i>[Signature]</i></p>							
<p>7. Date of Delivery NOV 19 1991</p>							
<p>PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT</p>							

P 367 604 336

RECEIPT FOR CERTIFIED MAIL

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

1699

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

PS Form 3800, June 1985

Sent to Utah International	
Street and No. P.O. Box 7611	
P.O. State and ZIP Code San Francisco, CA 94120	
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 Nov. 19, 91 Jm 420gr	

P 367 604 337

RECEIPT FOR CERTIFIED MAIL

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

1699

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

PS Form 3800, June 1985

Sent to Chevron USA Inc	
Street and No. 2410 Camino Ramon	
P.O. State and ZIP Code San Ramon, CA 94583	
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 Nov. 19, 91 Jm 420gr	