

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

Certified Mail # P 386 338 480

02/02/94
STID# 4264

Notice of Requirement to Reimburse

~~Dvora Kotschedoff~~
Wells Fargo Bank, Downes Trust
525 Market Street
San Francisco, California 94163

Responsible Party #1
Property Owner

Mr. James Ross
Department Of Transportation
Box 23660
Oakland, California 94623-0660

Responsible Party #2
Contact Person
Contact Company

Sutta & Co
3401 Wood St
Oakland, CA 94608

SITE

Date First Reported 08/23/91
Substance: Diesel
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 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 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 Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: CHANGE : X Reason: ADD RP#2, New Property Owner

P 386 338 480

SH #426  **Receipt for Certified Mail**
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, June 1991

Sent to	
Dvora Kotschedoff	
Street and No.	
525 Market Street	
P.O., State and ZIP Code	
San Francisco CA	
Postage	\$ 94163
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	2/3/94

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: JE #4264

Dvora Kotschedoff
Wells Fargo Bank,
Downer Trust
San Francisco CA 94163

4a. Article Number
P 386 338 480

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
FEB 7 1994

5. Signature (Addressee)
ALCOVA

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

6. Signature (Agent)


PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

Certified Mail # P 386 338 479

02/02/94
STID# 4264

Notice of Requirement to Reimburse

Dvora Kotschedoff
Wells Fargo Bank, Downes Trust
525 Market Street
San Francisco, California 94163

Responsible Party #1
Property Owner

~~Mr. James Ross~~
Department Of Transportation
Box 23660
Oakland, California 94623-0660

Responsible Party #2
Contact Person
Contact Company

Sutta & Co
3401 Wood St
Oakland, CA 94608

SITE

Date First Reported 08/23/91
Substance: Diesel
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 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 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 Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Edgar B. Howell, III, Chief
Contract Project Director


cc: Mike Harper, SWRCB

SWRCB Use:

CHANGE : X Reason: ADD RP#2, New Property

Owner

386 338 479

SH  **Receipt for Certified Mail**
 #4264 NO INSURANCE COVERAGE PROVIDED
 Do not use for International Mail (See Reverse)

PS Form 3800, June 1991

Sent to	Mr. James Ross
Street No.	Dept of Trans.
P.O., State and Zip Code	Box 23660
Postage	Oakland CA 94623-0660
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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Sulta + Co. 3401 Wood St. 311

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

• 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 behind the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: ALCO 777 ZMAT 94 FEB 59 PH 2 06
 #4264

Mr. James Ross
 Department of Transportation
 Box 23660
 Oakland CA 94623-0660

4a. Article Number
 P 386 338 479

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)



Thank you for using Return Receipt Service.

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 113 815 122

07/22/92
STID# 4264

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

Notice of Requirement to Reimburse

Dvora Kotschedoff
Wells Fargo Bank, Downes Trust
525 Market Street
San Francisco, California 94163

Responsible Party
Property Owner

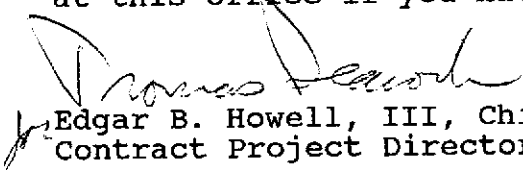
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3401 Wood St.
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Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 113 815 122

Receipt for Certified Mail

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



UNITED STATES
POSTAL SERVICE
#4264

(SH)

PS Form 3800, June 1997

Sent to Dvora Kotschedoff	
Street and No. 525 Market Street	
P.O., State and ZIP Code San Francisco, CA 94163	
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	