



Certified Mail # Z 296 048 467
11/14/95
STID# 1646

Alameda County CC4580
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

Notice of Requirement to Reimburse

Douglas E. Safreno
Mary M. Safreno
1627 Vineyard Avenue
Pleasanton, Ca 94566

Responsible Party (RP) #1
Property Owner

Jeff Byran
Shell Oil Products Company
P. O. Box 4023
Concord, Ca 94524

Responsible Party (RP) #2
TANK OWNER

First Street Shell
4226 1st St
Pleasanton, CA 94566

SITE

Date First Reported 01/12/86
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 (RPs) must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter
 11/14/95
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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 telephone the SWRCB at (916) 227-4408. Please contact Scott SEERY, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.

Don *James Lord*
 Gordon Coleman, Acting Chief
 Contract Project Director

c: Mike Harper, SWRCB

Please Circle One **(Add)** Delete Change

Reason: NEW CASE

#1646
 SOS

Z 296 048 467



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Douglas E. Safreno	
Street and No. 1627 Vineyard Ave.	
P.O., State, and ZIP Code Pleasanton CA 94566	
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	

ADDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, and 4a & b.
 Write 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 permits.

"Return Receipt Requested" on the mailpiece below the article number. Return Receipt will show to whom the article was delivered and the date delivered.

Article Addressed to: **S. Seery #1646**

Douglas E. Safreno
Mary M. Safreno
1627 Vineyard Avenue
Pleasanton CA 94566

Mary Safreno
 Signature (Addressee)

Signature (Agent)

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

4a. Article Number
Z 296 048 467

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

7. Date of Delivery
11/14/95

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

November 1991, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

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for Gordon Coleman
 Gordon Coleman, Acting Chief
 Contract Project Director

c: Mike Harper, SWRCB

Please Circle One **(Add)** Delete Change

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#1646
 SOS

Z 296 048 468



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Jeff Byran	
Street and No. P O Box 4023	
P.O., State and ZIP Code Concord CA 94524	
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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: • Complete items 1 and/or 2 for additional service. • 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: S. Seery #1646		4a. Article Number Z 296 048 468	
Jeff Byran Shell Oil Products Company P. O. Box 4023 Concord CA 94566		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	
5. Signature (Addressee)		7. Date of Delivery NOV 17 1995	
6. Signature (Agent) <i>Byran</i>		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**