

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 374

01/13/93
STID# 664

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, 3rd Fl.
Oakland, CA 94621
510-771-4530

Notice of Requirement to Reimburse

Tula Gallenas
Anna Counelis
P.o. Box 7611
San Francisco, Ca 94120

Responsible Party #1
Property Owner

Kenneth Kan
Chevron U.s.a. Products Co.
P.o. Box 5004
San Ramon, Ca 94583-0804

Responsible Party #2
Contact Person
Contact Company

Valley Car Wash
3369 Castro Valley Blv
Castro Valley, CA 94546

SITE

Date First Reported
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 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 Scott SEERY, 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 113 815 374

Receipt for Certified Mail

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

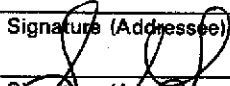
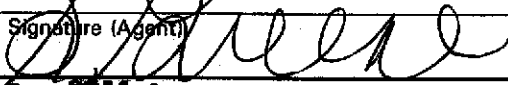


(SS) #664

PS Form 3800, June 1991

Sent to <i>Tula Gallenas</i>	
Street and No. <i>P.O. Box 7611</i>	
P.O., State and ZIP Code <i>San Francisco CA 94120</i>	
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 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: right;">(SS) #664</p> <p><i>Tula Gallenas</i> <i>Anna Counselis</i> <i>P.O. Box 7611</i> <i>San Francisco CA 94120</i></p>		4a. Article Number <p style="text-align: center;"><i>P 113 815 374</i></p>	
5. Signature (Addressee) 		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	
6. Signature (Agent) 		7. Date of Delivery <p style="text-align: center;"><i>JAN 25 1993</i></p>	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASSI. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH

State Water Resources Control Board

Division of Clean Water Programs

UST Local Oversight Program

80 Swan Way, 1st Floor

Oakland, CA 94612

(415) 369-3100

Certified Mail # P 113 815 292

01/13/93
STID# 664

Notice of Requirement to Reimburse

Tula Gallenas
Anna Counelis
P.o. Box 7611
San Francisco, Ca 94120

Responsible Party #1
Property Owner

Kenneth Kan
Chevron U.s.a. Products Co.
P.o. Box 5004
San Ramon, Ca 94583-0804

Responsible Party #2
Contact Person
Contact Company

Valley Car Wash
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Castro Valley, CA 94546

SITE

Date First Reported
Substance: Gasoline
Petroleum: (X)Yes

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 113 815 292



Receipt for Certified Mail

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

(SS) #664

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	

PS Form 3800, June 1991

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- 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. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

(SS) #664

Kenneth Kan
Chevron USA Products Co.
P.O. Box 5004
San Ramon CA 94583-0804

4a. Article Number
P 113 815 292

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JAN 22 1993

5. Signature (Addressee)

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

6. Signature (Agent)
[Handwritten Signature]

Thank you for using Return Receipt Service.