

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director
Certified Mail # 7 296 048 482
11/22/95 - STID# 933

RAFAT A. SHAHID, DIRECTOR

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

Mr. Ray Cherry
Cypress St. Investments
1414-3rd St.
Oakland CA 94607

Responsible Party #1
Property Owner

Mr. Ray Cherry
D C Metals
1414-3rd St.
Oakland CA 94607

Responsible Party #2
general partner in
Cypress St. Investments

DC Metals
1414 3rd St
Oakland, CA 94607

SITE

Date First Reported 07/28/95
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 Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One:

Add

Delete

~~Change~~

Reason: #1 + change #2

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

#933
JE

Z 296 048 482



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Mr. Ray Cherry	
Street and No. 1414 - 3rd St.	
P.O., State and ZIP Code Oakland CA 94607	
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	

<p>SENDER:</p> <ul style="list-style-type: none"> • Complete items 1-4 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. 	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
	<p>3. Article Addressed to: #933 J. Eberle</p>	
	<p>4a. Article Number Z 296 048 482</p>	
	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>5. Signature (Addressee) <i>Don Cherry</i></p>		<p>7. Date of Delivery 12-7-95</p>
<p>6. Signature (Agent)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director
Certified Mail # 7-296-048-481
11/22/95 - STID# 933

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
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Oakland, CA 94607

SITE

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Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB



Please Circle One:

Add

Delete

~~Change~~

Reason: #1 + change #2

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

#933
JE

Z 296 048 481



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Ray Cherry	
Street and No. 1414 -3rd St.	
P. O., State and ZIP Code Oakland CA 94607	
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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: #933 J. Eberle

Mr. Ray Cherry
Cypress St. Investments
1414 - 3rd Street
Oakland CA 94607

4a. Article Number
Z 296 048 481

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
12-7-95

5. Signature (Addressee)

Don Cherry

6. Signature (Agent)

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, DIRECTOR

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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

Certified Mail # Z 196 176 923
08/01/95
STID# 933

Notice of Requirement to Reimburse

Mr. Ray Cherry
D C Metals
1414-3rd St.
Oakland C A 94607

Responsible Party
Property Owner

DC Metals
1414 3rd St
Oakland , CA 94607

SITE Date First Reported 07/28/95
Substance: Gasoline
Petroleum: (X) Yes
Source: f

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This agency's decision to name you responsible for corrective action is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of this notice. To obtain petition procedures, please fax request to Roni Riley at (916) 227-4349 or telephone (916) 227-4408. Please contact Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Thomas Peacock, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB
Add: Reason: new
Delete: Reason: _____
Change: Reason: _____



#933

JE

Z 196 176 923



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(See Reverse)

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P.O., State and ZIP Code Oakland CA 94607	
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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	

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2. Restricted Delivery

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3. Article Addressed to: **J. Eberle #933**

**Mr. Ray Cherry
D C Metals
1414 - 3rd Street
Oakland CA 94607**

4a. Article Number

Z 196 176 923

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

8/14

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

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

*U.S. GPO:

352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.