

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 422 218 115

11/22/93  
STID# 2096

**Notice of Requirement to Reimburse**

Angelo Gaspare Trust  
445 Marine View #270  
Del Mar, C A 92014

Responsible Party #1  
Property Owner

Attn. Ed Ralston  
Unocal Corp  
P. O. Box 5155  
San Ramon, C A 94583

Responsible Party #2  
Contact Person  
Contact Company

Unocal Station #6419  
6401 Dublin Blvd  
Dublin, CA 94568

SITE

Date First Reported 09/07/93  
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 Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

*Edgar B. Howell, III*  
for Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New Case

PS 422 218 115



**Receipt for Certified Mail**

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

|   |         |
|---|---------|
| Sent to   |         |
| Angelo Gaspare Trust  |         |
| Street and  |         |
| 445 Marine View #270  |         |
| P.O., State and ZIP Code                                      |         |
| Del Mar, CA 92014   |         |
| STID#2096   |         |
| Postage   | \$ E.C. |
| 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

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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Certified Mail #p 422 218 114

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*for*   
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New Case

P 422 218 114



**Receipt for Certified Mail**

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

|   |               |
|---|---------------|
| Sent to   |               |
| Attn. Ed Ralston  |               |
| Street or PO Box  |               |
| Onco Corp   |               |
| P.O. Box 5155   |               |
| P.O., State and ZIP Code                                      |               |
| San Ramon, CA 94583   |               |
| Postage   | SIID# 2096 \$ |
| Certified Fee   | EC            |
| 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

**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 next to the article number.

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:  
 Attn. Ed Ralston **RO45A**  
 Unocal Corp  
 P.O. Box 5155  
 San Ramon, CA 94583  
 STID# 2096

4a. Article Number  
**P 422 218 114**

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

7. Date of Delivery - **DEC 9 1993**

5. Signature (Addressee)

6. Signature (Agent) *RM*

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

PS Form 3811, October 1990 \*U.S. GPO: 1990-0-280-001

**DOMESTIC RETURN RECEIPT**

**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 next to the article number.

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- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Angelo Gaspare Trust **RO45A**  
 445 Marine View #270  
 Del Mar, CA 92014  
 STID# 2096

4a. Article Number  
**P 422 218 115**

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

7. Date of Delivery - **12-10-93**

5. Signature (Addressee)

6. Signature (Agent) *Joe Gaspare*

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

PS Form 3811, October 1990 \*U.S. GPO: 1990-0-280-001

**DOMESTIC RETURN RECEIPT**