

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 386 338 134

09/20/93
STID# 3101

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

Notice of Requirement to Reimburse

Max Gracio
Max's Auto
508 E. Lewelling Blvd.
San Lorenzo, Ca 94580

Responsible Party #1
Property Owner

Rick Gold
E R C Racing Fuel
584 E. Lewelling Blvd.
San Lorenzo, Ca 94580

Responsible Party #2
Contact Person
Contact Company

Max's Auto Repair
508 E. Lewelling Blvd
San Lorenzo, CA 94580

SITE

Date First Reported 08/26/93
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 Juliet M SHIN, 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: Lori Casias, SWRCB

SWRCB Use: Update : X Reason: Initial R.P.

P 386 338 134



Receipt for Certified Mail

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

#3101
JMS

Sent to	
RICK GOLD	
Street and No.	
584 E LEWELLING BLVD	
P.O., State and ZIP Code	
SAN LORENZO CA 94580	
Postage	\$
Certific 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

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

3. Article Addressed to: JMS #3101 RICK GOLD E R C RACING FUEL SAN LORENZO CA 94580	4. Article Number P 386 338 134 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Rick Gold</i>	
7. Date of Delivery <i>7-20-91</i>	

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 418 724 634

08/26/93
STID# 3101

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

Notice of Requirement to Reimburse

Max Gracio
Max's Auto
508 E. Lewelling Blvd.
San Lorenzo, Ca 94580

Responsible Party
Property Owner

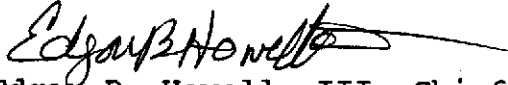
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Please contact **Juliet M SHIN**, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use: Add: X Reason: New Case

P 418 724 634



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse) ST 1D #3101

Sent to <u>MAX GRACIO</u>	
Street and No. <u>508 E. LEWELLING BLVD</u>	
P.O., State and ZIP Code <u>SAN LORENZO, CA 94580</u>	
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

JMS

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:

MAX GRACIO
MAX'S AUTO
508 E. LEWELLING BLVD
SAN LORENZO, CA 94580

STID 3101

4a. Article Number
P 418 724 634

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
9-2-93

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.