

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

Certified Mail # Z 773 036 396

12/14/94
STID# 607

ALAMEDA COUNTY CC4580
DEPT. OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577

Notice of Requirement to Reimburse

Mr. Clifford Mapes
Clifford Mapes Inc.
14 Grass Valley Ct.
Oakland C A 94605

Responsible Party #1
Property Owner

Exxon Co. U S A
Ms. Marla Guensler
P. O. Box 4032
Concord, c A 94524-2032

Responsible Party #3
Contact Person
Contact Company

Clifford E. Mapes Inc.
2001 Versailles Ave
Alameda, CA 94501

SITE

Date First Reported 04/10/91
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 Barney CHAN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

ADD : X Reason: NEW CASE

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/14/94

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 607
Clifford E. Mapes Inc.
2001 Versailles Ave
Alameda, CA 94501

Date First Reported 04/10/91
Substance: Gasoline
Petroleum (X)Yes

Mr. Clifford Mapes
Clifford Mapes Inc.
14 Grass Valley Ct.
Oakland C A 94605

Responsible Party #1
Property Owner

John & Molly King
King Petroleum, Inc.
P. O. Box 137
Woodacre, C A 94973

Responsible Party #2
Contact Person
Contact Company

Exxon Co. U S A
Ms. Marla Guensler
P. O. Box 4032
Concord, c A 94524-2032

Responsible Party #3
Contact Person
Contact Company

#607

B.Chan

Z 773 036 396



Receipt for Certified Mail

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

PS Form 3800, March 1983

Sent to		Ms. Maria Guensler	
Street and No.		P.O. Box 4032	
P.O., State and ZIP Code		Concord CA 94524-2032	
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			

ALAMEDA COUNTY
HEALTH CARE SERVICES



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Contact Person
Contact Company

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Ms. Marla Guensler
P. O. Box 4032
Concord, c A 94524-2032

Responsible Party #3
Contact Person
Contact Company

#607

B. Chan Z 773 036 395



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to		John & Molly King
Street and No.		P.O. Box 137
P.O., State, and Zip Code		Woodacre CA 94973
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		

RO 636
CLOSED

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. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: B. Chan #607
John & Molly King RO 636
King Petroleum, Inc.
Woodacre CA 94973

4a. Article Number
Z 773 036 395

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

7. Date of Delivery
DEC 27 1994

5. Signature (Addressee)
John & Molly King

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

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RAFAT A. SHAHID, DIRECTOR

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P O, State and ZIP Code	
Oakland CA 94605	
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	

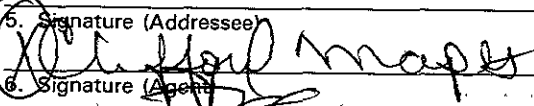

PS Form 3800, March 1993

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: B. Chan #607 Ms. Maria Guensler Exxon Co. USA P.O. Box 4032 Concord CA 94524-2032		4a. Article Number Z 773 036 396	
		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 DEC 21 1994	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

Thank you for using Return Receipt Service.

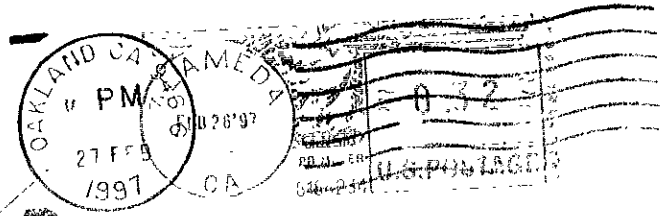
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3. Article Addressed to: B. Chan #607 Clifford Mapes Clifford Mapes Inc. 14 Grass Valley Ct. Oakland CA 94605		4a. Article Number Z 773 036 394	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 12/21/94	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

Thank you for using Return Receipt Service.



ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
 Department Of Environmental Health
 Environmental Protection Division
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577



Barney

ATTEMPTED, NOT KNOWN

E. Nwokedi
 7933 E. 14th St.
 Oakland, CA 94621

ANK
#2113
cm

94621 2615 13

