

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Certified Mail # P 143 588 334
06/17/96
STID# 4570

Notice of Requirement to Reimburse

Dolores Staudenraus
Montgomery Washington Twr 2305
611 Washington Street
San Francisco, C A 94111

Responsible Party (RP) #1
Property Owner

James Powell
Not A
Gable Creek Road
Mitchell, Oregon, 97750

Responsible Party (RP) #2

Dolores Staudenraus
2424 Blanding
Alameda, CA 94501

SITE

Date First Reported 04/26/95
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 (RPs) must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter
06/17/96
StID# 4570
Page 2

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 telephone the SWRCB at (916) 227-4408. Please contact Madhulla LOGAN, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief
Contract Project Director

c: Lori Casias, SWRCB

Please Circle One Add Delete Change

Reason: Address Change RP#2

ML P 143 588 334
#4570

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to	
James Powell	
Street & Number	
Gable Creek Road	
Post Office, State, & ZIP Code	
Mitchell Oregon 97750	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & 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, 4a, and 4b.
- 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: M. Logan #4570

James Powell
Gable Creek Road
Mitchell OR 97750

4a. Article Number
P 143 588 334

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
6-28-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Certified Mail # P 143 588 333
06/17/96
STID# 4570

Notice of Requirement to Reimburse

Dolores Staudenraus
Montgomery Washington Twr 2305
611 Washington Street
San Francisco, C A 94111

Responsible Party (RP) #1
Property Owner

James Powell
Not A
Gable Creek Road
Mitchell, Oregon, 97750

Responsible Party (RP) #2

Dolores Staudenraus
2424 Blanding
Alameda, CA 94501

SITE

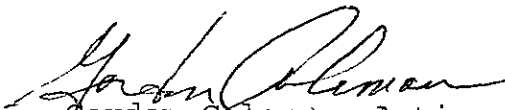
Date First Reported 04/26/95
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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Reimburse Letter
 06/17/96
 StID# 4570
 Page 2

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 Gordon Coleman, Acting Chief
 Contract Project Director

c: Lori Casias, SWRCB

Please Circle One Add Delete Change

Reason: Address change RPH 2

ML #4570 P 143 588 333

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to <u>Dolores Staudenraus</u>	
<u>Montgomery Washington Tr</u>	
Street & Number <u>611 Washington Street</u>	
Post Office, State, & ZIP Code <u>San Francisco CA 94111</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Director

Certified Mail # Z 196 176 789
08/21/95
STID# 4570

Notice of Requirement to Reimburse

DEPARTMENT OF ENVIRONMENTAL HEALTH
Environmental Protection Division
1131 Harbor Bay Parkway, #250
Alameda, CA 94502-6577
(510) 567-6700

Dolores Staudenraus
Montgomery Washington Twr 2305
611 Washington Street
San Francisco, C A 94111

Responsible Party #1
Property Owner

James Powell
Not A
9425 Fraguero Road
Sonora C A 95370

Responsible Party #2

Previous Owner

Dolores Staudenraus
2424 Blanding
Alameda, CA 94501

SITE

Date First Reported 04/26/95
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.

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Leroy Todd
Leroy Todd, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB
Add: Add Reason: Address Corrected Address Rpt# 2
Delete: _____ Reason: _____
Change: _____ Reason: _____

(ML) Z 196 176 789



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to JAMES POWELL	
Street and No. NOT A	
PO Box and Zip 9425 Frazzera Road Sonora, CA 95370	
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
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Director

Certified Mail # Z 196 176 909
08/10/95
STID# 4570

DEPARTMENT OF ENVIRONMENTAL HEALTH
Environmental Protection Division
1131 Harbor Bay Parkway, #250
Alameda, CA 94502-6577
(510) 567-6700

Notice of Requirement to Reimburse

Dolores Staudenraus
Montgomery Washington Twr 2305
611 Washington Street
San Francisco, C A 94111

Responsible Party #1
Property Owner

James Powell
Not A
9325 Fraguero Road
Sonora C A 95370

Responsible Party #2

Operator

Dolores Staudenraus
2424 Blanding
Alameda, CA 94501

SITE

Date First Reported 04/26/95
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.

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 your request to Roni Riley at (916) 227-4349 or telephone (916) 227-4408. Please contact Madhulla LOGAN, 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: _____
Delete: _____ Reason: _____
Change: _____ Reason: _____

#4570
ML

Z 196 176 909



**Receipt for
Certified Mail**

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

PS Form 3800, March 1993

Sent to		Dolores Staudenraus
Street and No.		611 Washington St.
P.O., State and ZIP Code		San Francisco CA 94111
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.

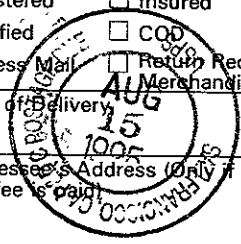
3. Article Addressed to: #4570 M. Logan

Dolores Staudenraus
Montgomery Washington Twr 2305
611 Washington Street
San Francisco CA 94111

4a. Article Number
Z 196 176 909

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



5. Signature (Addressee)

7. Date of Delivery

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



R0671

RAFAT A. SHAHID, Director

Certified Mail # Z 196 176 910
08/10/95
STID# 4570
Notice of Requirement to Reimburse

DEPARTMENT OF ENVIRONMENTAL HEALTH
Environmental Protection Division
1131 Harbor Bay Parkway, #250
Alameda, CA 94502-6577
(510) 567-6700

Dolores Staudenraus
Montgomery Washington Twr 2305
611 Washington Street
San Francisco, C A 94111

Responsible Party #1
Property Owner

James Powell
Not A
9325 Fraguero Road
Sonora C A 95370

Responsible Party #2
operator

Dolores Staudenraus
2424 Blanding
Alameda, CA 94501

SITE

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Thomas Peacock, Acting Chief
Contract Project Director

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