

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 096

07/14/92
STID# 3061

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

John Drake
Lakeshore Financial
21060 Redwood Road #250
Castro Valley, Ca 94546

Responsible Party #1
Property Owner

Karel Detterman
Texaco Refining And Marketing
108 Cutting Blvd.
Richmond, Ca 94804

Responsible Party #2
Contact Person
Contact Company

Speedee Oil Change
3940 Castro Valley Blv
Castro Valley, CA 94546

SITE

Date First Reported 07/17/85
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 overseeing removal 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 indentified 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 Scott SEERY, 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

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: **(SS) # 3061**
Lakeshore Financial
Attn: John Drake
21060 Redwood Rd #250
Castro Valley, CA 94546

4a. Article Number
P 113 815 096

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
7-17-92

5. Signature (Addressee)
John Drake

6. Signature (Agent)
G. J. [unclear]

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

P 113 815 096



Receipt for Certified Mail

No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse) **# 3061**

(SS)

| | |
|---|---------------------------|
| Sent to | John Drake |
| Street and No. | 21060 Redwood Rd |
| P.O., State and ZIP Code | C.V. CA 94546 #250 |
| 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

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 097

07/14/92
STID# 3061

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

John Drake
Lakeshore Financial
21060 Redwood Road #250
Castro Valley, Ca 94546

Responsible Party #1
Property Owner

Karel Detterman
Texaco Refining And Marketing
108 Cutting Blvd.
Richmond, Ca 94804

Responsible Party #2
Contact Person
Contact Company

Speedee Oil Change
3940 Castro Valley Blv
Castro Valley, CA 94546

SITE

Date First Reported 07/17/85
Substance: Gasoline
Petroleum: (X)Yes

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

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- 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:

*Texaco Refining & Mktg.
Attn: Karel Dettelman
108 Cutting Blvd.
Richmond CA 94804*

4a. Article Number

P 113 815 097

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

7/17/92

5. Signature (Addressee)

K. D. Dettelman

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

P 113 815 097



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse) *# 3061*

| | |
|---|--------------------------|
| Sent to | <i>Karel Dettelman</i> |
| Street and No. | <i>108 Cutting Blvd.</i> |
| P.O. State and ZIP Code | <i>Richmond CA 94804</i> |
| 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