



Certified Mail # P 113 815 091

07/14/92
STID# 4256

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

Notice of Requirement to Reimburse

Grace K. Griese

4845 Proctor Road
Castro Valley, Ca 94546

Responsible Party #1
Property Owner

Rudy Gatto

Rudy's Donut Shop
3692 Castro Valley Blvd.
Castro Valley, Ca 94546

Responsible Party #2
Contact Person
Contact Company

Rudy's Donut Shop
3692 Castro Valley Blv
Castro Valley, CA 94546

SITE

Date First Reported
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

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

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Receipt for Certified Mail

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

(SS)

Sent to	Grace K. Griese
Street and No.	4845 Proctor Rd.
P.O., State and ZIP Code	Castro Valley CA 94546
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

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.

3. Article Addressed to:

(SS) #4256
 Grace K. Griese
 4845 Proctor Road
 Castro Valley, CA
 94546

4. Signature (Addressee)

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

4a. Article Number
P113 815 091

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
7-20-92

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



Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

U.S.G.P.O. 1992-307-20

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 113 815 092

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse) #4256



Sent to	Rudy Gatto
Street and No.	3092 Castro Valley Blvd.
City, State and Zip Code	Castro Valley, CA 94546
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

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.
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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):

- Addressee's Address
- Restricted Delivery

3. Article Addressed to:
 Rudy's Donut Shop
 Attn: Rudy Gatto
 3092 Castro Valley Blvd.
 Castro Valley, CA 94546

4a. Article Number
P 113 815 092

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

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

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

Return Receipt Service.
Thank you for using