

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 296 048 471
11/16/95 - STID# 2063

Alameda County
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577
(510) 567-6700

Notice of Requirement to Reimburse

Jerry Sherman
Jerry's Tire And Auto Center
2429 Lincoln Ave.
Alameda, Ca 94501

Responsible Party #1
Property Owner

Helen Goodman
Goodman Property
3239 Thompson Ave.
Alameda, C A 94501


Responsible Party #2
FORMER PROPERTY OWNER

Goodman Property
2501 Santa Clara Ave
Alameda, CA 94501

SITE Date First Reported 08/17/92
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.

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 or telephone (916) 227-4408. Please contact Juliet M SHIN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One: Add Delete Change

Reason: Changed address of RP#1

JMS
#2063

Z 296 048 471



**Receipt for
Certified Mail**

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

PS Form 3800, March 1993

Sent to Jerry Sherman	
Street and No. 2429 Lincoln Ave.	
P O, State and ZIP Code Alameda CA 94501	
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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RAFAT A. SHAHID, Assistant Agency Director

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Goodman Property
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SITE

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Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One: Add Delete **Change**

Reason: Changed address of RP# 1

#2063
JMS

Z 296 048 472



**Receipt for
Certified Mail**

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

PS Form 3800, March 1993

Sent to Helen Goodman	
Street and No. 3239 Thompson Avenue	
P.O., State, and ZIP Code Alameda CA 94501	
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 4 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: #2063 J. Shin

Jerry Sherman
 Jerry's Tire & Auto Center
 2429 Lincoln Ave.
 Alameda CA 94501

Jerry Sherman

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number
Z 296 048 471

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

7. Date of Delivery
11/22/95

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4 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: #2063 J. Shin

Helen Goodman *2501 Santa Clara*
 Goodman Property
 3239 Thompson Avenue
 Alameda CA 94501

Helen Goodman

5. Signature (Addressee)

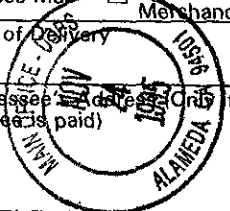
6. Signature (Agent)

4a. Article Number
Z 296 048 472

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

7. Date of Delivery

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



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

Certified Mail # P 422 218 030

09/20/93
STID# 2063

Notice of Requirement to Reimburse

Helen Goodman
Goodman Property
3239 Thompson Ave
Alameda, Ca 94501

Responsible Party #1
Property Owner

Jerry Sherman
N A
2501 Santa Clara Ave.
Alameda, C A 94501

Responsible Party #2
Contact Person
Contact Company

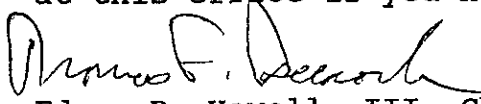
Goodman Property
2501 Santa Clara Ave
Alameda, CA 94501

SITE

Date First Reported 08/17/92
Substance: Gasoline
Petroleum: (X)Yes

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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: Lori Casias, SWRCB

SWRCB Use: Update : X Reason: Added R.F

P 422 218 030

STID 2063



**Receipt for
Certified Mail**

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

PS Form 3800, June 1 1991

Sent to JERRY SHERMAN	
Street and No. 2501 SANTA CLARA AVE	
P.O., State and ZIP Code ALAMEDA CA 94501	
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	



Certified Mail # P 113 815 162

09/23/92
STID# 2063

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

Notice of Requirement to Reimburse

Helen Goodman
Goodman Property
3239 Thompson Ave
Alameda, Ca 94501

Responsible Party
Property Owner

Goodman Property
2501 Santa Clara Ave
Alameda, CA 94501

SITE Date First Reported 08/17/92
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 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 113 815 162



Receipt for Certified Mail

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

(JM) #2063

Sent to	
Helen Goodman	
Street and No	
3239 Thompson Ave.	
P O, State and ZIP Code	
Alameda, CA 94501	
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.
- 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: (JM) #2063

Goodman Property
 Attn: Helen Goodman
 3239 Thompson Ave.
 Alameda, CA 94501

4a. Article Number
 P 113 815 162

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

5. Signature (Addressee)
Helen Goodman

7. Date of Delivery

6. Signature (Agent)
John Gledhill

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

Thank you for using Return Receipt Service.

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: STID 2063
 Jerry Sherman
 2501 Santa Clara Ave.
 Alameda CA 94501

4. Article Number
 P422 218 030

Type of Service:

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X *Jerry Sherman*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 9/23

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