

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 282

12/15/92  
STID# 587

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

Notice of Requirement to Reimburse

Melinda Henry-dare  
Estate Of John B. Henry  
3312 Central Avenue  
Alameda, Ca 94501

Responsible Party #1  
Property Owner

R. R. Zielinski  
Texaco Refining And Marketing  
108 Cutting Blvd.  
Richmond, Ca 94804

Responsible Party #2  
Contact Person  
Contact Company

John B. Henry Estate  
1726 Park St  
Alameda, CA 94501

SITE

Date First Reported 05/12/92  
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 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 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 113 815 282



**Receipt for Certified Mail**

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

(JM)

#587

Sent to		R. R. Zielinski
Street and No.		108 Cutting Blvd
P.O., State and ZIP Code		Richmond CA 94804
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



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
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80 Swan Way, Rm 200  
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*Edgar B. Howell*  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

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Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/ for additional services.
- Complete items 3, and a 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: (JMS) #587

Melinda Henry-Dare  
 Estate of John B. Henry  
 3312 Central Avenue  
 Alameda CA 94501

6. Signature (Addressee)  
*Melinda Henry-Dare*

6. Signature (Agent)

4a. Article Number  
 P 113 815 281

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

7. Date of Delivery  
 12/28/92

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 113 815 281



**Receipt for Certified Mail**

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

(JM) #587

Sent to <b>Melinda Henry-Dare</b>	
Street and No. <b>3312 Central Ave.</b>	
P.O., State and ZIP Code <b>Alameda CA 94501</b>	
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



Certified Mail # P 113 815 186

09/29/92  
STID# 587

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

**Notice of Requirement to Reimburse**

Melinda Henry-dare  
Estate Of John B. Henry  
3312 Central Avenue  
Alameda, Ca 94501

Responsible Party  
Property Owner

John B. Henry Estate  
1726 Park St  
Alameda , CA 94501

SITE Date First Reported 05/12/92  
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 (Ten)  
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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 2 for additional services.  
 • Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.  
 • Print your name and address on the reverse of this form so that we can return this card to you.  
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 2.  Restricted Delivery  
 Consult postmaster for fee.

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 Melinda Henry-Dare  
 Estate of John B. Henry  
 3312 Central Avenue  
 Alameda, CA 94501  
 5. Signature (Addressee)  
 6. Signature (Agent)

4a. Article Number  
 P 113 815 186  
 4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise  
 7. Date of Delivery  
 10/21/90  
 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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.  
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Certified Fee	
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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