

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

R0965

Certified Mail # Z 296 048 254

04/20/95  
STID# 4447

ALAMEDA COUNTY-ENV. HEALTH DEPT.  
ENVIRONMENTAL PROTECTION DIV.  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577  
(510)567-6700

**Notice of Requirement to Reimburse**

Mr. Robert Schwartz  
Schwartz And Lindheim  
4570 Sequoyah Rd  
Oakland C A 94605

Responsible Party #1  
Property Owner

Ms. Lucia Chou  
Chevron Usa Products Co.  
2410 Camino Ramon  
San Ramon, C A 94583-0804

Responsible Party #2  
Contact Person  
Contact Company

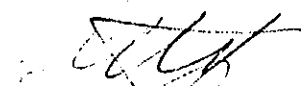
Schwartz & Lindheim Property  
6345 Coliseum Wy  
Oakland, CA 94621

SITE

Date First Reported 11/27/89  
Substance: Diesel  
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 Barney CHAN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Ariu Levi, Acting Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Update : X Reason: Additional RP

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Ariu Levi, Acting Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Update : X Reason: Additional RP

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HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



R0965

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P113 815 381

03/19/93  
STID# 4447

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

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

<p><b>Is your RETURN ADDRESS completed on the reverse side?</b></p> <p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	<p style="text-align: center;">BC</p> <p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
	<p>3. Article Addressed to:</p> <p>Mr. Robert Schwartz Schwartz &amp; Lindheim 4570 Sequoyah Road Oakland, CA 94605</p> <p style="text-align: right; font-size: 1.2em;"><i>RD965 CL</i></p>
<p>5. Signature (Addressee)</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail      <input type="checkbox"/> Return Receipt for Merchandise</p>
<p>6. Signature (Agent)</p> <p><i>K. H. Kammerer</i></p>	<p>7. Date of Delivery</p> <p style="text-align: center; font-size: 1.2em;"><i>4-1-93</i></p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>

Thank you for using Return Receipt Service.