

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 336

01/05/93  
STID# 2422

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**

Mathew & Ella Coelho  
  
18616 Hwy 33 East  
Dos Palos, ca 93620-9620

Responsible Party #1  
Property Owner

Ron Bock  
Unocal Corporation Po Box 5155  
2000 Crow Canyon Pl., 400  
San Ramon, Ca 94583

Responsible Party #2  
Contact Person  
Contact Company

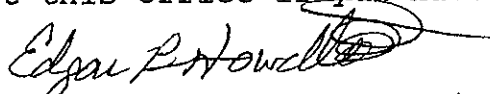
Bay Fair Unocal Ss #6277  
15803 E. - 14th St.  
San Leandro, CA 94578

SITE

Date First Reported 03/27/89  
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 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

P 113 815 336



### Receipt for Certified Mail

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

PS Form 3800, June 1991

Sent to	
Street and No	
P O , State and ZIP Code	
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 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:

M & E Coelho  
18616 Hwy 33 East  
DOS PALOS CA 93620-9620

5. Signature (Addressee)  
*Elaine Coelho*

6. Signature (Agent)

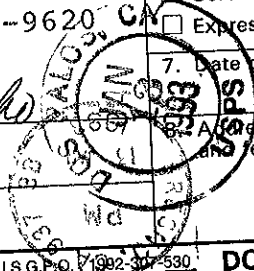
4a. Article Number  
**P 113 815 336**

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

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



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

Certified Mail #

03/10/92  
STID# 2422

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

Notice of Requirement to Reimburse

Mathew Coelho

P.o.box 7600  
Los Angeles, Ca 90054

Responsible Party #1  
Property Owner

Ron Bock

Unocal Corporation Po Box 5155  
2000 Crow Canyon Pl., 400  
San Ramon, Ca 94583

Responsible Party #2  
Contact Person  
Contact Company

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Please contact Tom PEACOCK, Supervising 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 367 604 733

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	
Mathew Coelho	
Street and No. P.O. Box 7600	
P.O., State and ZIP Code	
Los Angeles, CA 90054	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.29
Postmark or Date	3.16.92

PS Form 3800, June 1985

D E N E

**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) *OP 2422*

2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mathew Coelho P.O. Box 7600 Los Angeles, CA 90054	4. Article Number P 367 604 733
5. Signature - Address X <i>Mathew Coelho</i>	Type of Service: <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
6. Signature - Agent X <i>Mathew Coelho</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery MAR 18 1992	8. Addressee's Address (ONLY if requested and fee paid)