

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 # Z 196 176 776

01/10/95
STID# 3730

Notice of Requirement to Reimburse

Charles Lemoine
n/a
1367 - 52nd Ave
Oakland, C A 94601

Responsible Party #1
Property Owner

Arlan & Beverly Ness
C/o John Loar, Blackhawk Corp
3820 Blackhawk Rd
Blackhawk, C A 94506

Responsible Party #2
Contact Person
Contact Company

Charles Lemoane Property
6085 Scarlett Ct
Dublin, CA 94568

SITE

Date First Reported 06/11/90
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 Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

ADD : X Reason: New Property Owners

E. CHU
#3730

Z 176 176 776



**Receipt for
Certified Mail**

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

PS Form 3800, March 1993

Sent to	
Arlan & Beverly Ness	
Street and No.	
3820 Blackhawk Rd.	
P.O., State and ZIP Code	
Blackhawk CA 94506	
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 367 604 250

03/23/92
STID# 3730

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

Notice of Requirement to Reimburse

Charles Lemoine

1367 - 52nd Ave
Oakland, C A 94601

Responsible Party
Property Owner

Charles Lemoane Property
6085 Scarlett Ct.
Dublin , CA 94568

SITE Date First Reported 06/11/90
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 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

u

1-year RETURN ADDRESS completed on the reverse side?

INSTRUCTIONS:

- 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: **E. 95th Ave #3730A Hill 201149**

Arlan & Beverly Ness
C/O John Loar, Blackhawk Corp.
3820 Blackhawk Rd.
Blackhawk CA 94506

4a. Article Number: **20196 176 776**

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery: **1-13-92**

5. Signature (Addressee): *J. Arington*

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 *U.S. GPO: 1993-362-714 **DOMESTIC RETURN RECEIPT**

• **INSTRUCTIONS:** 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: **Std # 3730**

Charles Lemaina R01149
1367-52nd Ave
Oakland, CA 94601

4. Article Number: **P 367 604 250**

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 - Addressee: **X** *C. Lemaina*

6. Signature - Agent: **X**

7. Date of Delivery: **3/27/92**

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 **DOMESTIC RETURN RECEIPT**

P 367 604 250
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

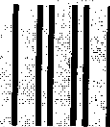
U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Charles Lemaina
Street and No.	1367-52nd Ave
P.O., State and ZIP Code	Oakland, CA 94601
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	MAR 26 1992

Std 3730

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



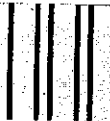
ATTEMPTED NOT KNOWN
NO SUCH NUMBER
NO MAIL RECEPTACLE
TEMPORARILY AWAY
REFUSED
VACANT
ROUTE # _____

Print your name, address and ZIP Code here

Alameda County CA 94580
Dept. of Environmental Health
Environmental Protection Division
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS



SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits, otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.

PM 12:20
521 PM



PENALTY FOR PRIVATE USE, \$300

RETURN TO 

Print Sender's name, address, and ZIP Code in the space below.

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621
430 - 4530