

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RO480 (STID 1082)

✓ RO2600

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Not  
Certified Mail #

07/23/93  
STID# 1082

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**

Bernadine Palka  
Sears, Roebuck & Co.  
3333 Beverly Rd. dep. 824c  
Hoffman Estates, IL 60179

Responsible Party #1  
Property Owner

James Van Loben Sels  
William T. & M. Harding Trust  
P.O. Box 435  
Alamo, Ca 94507

Responsible Party #2  
Contact Person  
Contact Company

Sears Auto Center  
2630 Telegraph Ave.  
Oakland, CA 94612

SITE

Date First Reported 09/19/90  
Substance: Waste Oil  
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 Tom PEACOCK, Supervising Hazardous Materials Specialist at this office if you have any questions concerning this matter.

*Edgar B. Howell, III*  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:  Change  Reason: New RP#2, change address

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



R0480 (STND 1082)

✓ R02600

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

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07/23/93  
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Contact Company

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SITE Date First Reported 09/19/90  
Substance: Waste Oil  
Petroleum: (X) Yes

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*Edgar B. Howell, III*  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

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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

RO136

RO2600 V

Certified Mail # P 367 604 309

03/27/92  
STID# 2623

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

Notice of Requirement to Reimburse

Jim Minor

P. O. Box 726  
Diablo, C A 94528

E. Monte RV Center  
4341 Howard St.  
Oakland, CA 94601

Responsible Party  
Property Owner

SITE

Date First Reported 11/15/91  
Substance: Gasoline  
Petroleum: (X) Yes

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

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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 # P 367 604 222

03/17/92  
STID# 1082

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

**Notice of Requirement to Reimburse**

Bernadine Palka  
Sears, Roebuck & Co.  
Sears Tower, Dep. 731  
Chicago, I L 60684

824C  
BSC 39-39

Responsible Party  
Property Owner

Sears Auto Center  
2633 Telegraph Ave.  
Oakland , CA 94612

SITE

Date First Reported 09/19/90  
Substance: Waste Oil  
Petroleum: (X)Yes

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

el

P 367 604 222

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 <i>Sears, Roebuck &amp; Co.</i>	
Street and No. <i>Sears Tower, Dept 731</i>	
P.O., State and ZIP Code <i>Chicago, IL 60684</i>	
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	\$ <i>2.29</i>
Postmark or Date	<i>3-23-92</i> <i>3m</i>

STD # 1082

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: <i>STD # 1082</i> <i>Sears, Roebuck &amp; Co</i> <i>attn: Bernadine Palke</i> <i>Sears Tower, Dept 731</i> <i>Chicago, IL 60684</i>		4. Article Number <i>P367 604 222</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	
5. Signature - Address X		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent X <i>Billie</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <i>MAR 20 1993</i>			

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



R02600  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 222

03/17/92  
STID# 1082

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