

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 # P 113 815 480

06/14/93  
STID# 3775

**Notice of Requirement to Reimburse**

Silberblatt & Assoc.

81 Centre Avenue  
New Rochelle N Y 10801

Responsible Party #1  
Property Owner

Larry Hanna  
Usps Major Facilities Office  
1407 Union Ave.  
Memphis T N 38166-0340

Responsible Party #2  
Contact Person  
Contact Company

U.S. Postal Service  
1675 - 7th St.  
Oakland, CA 94607

SITE

Date First Reported 11/13/91  
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 Jennifer EBERLE, 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

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.

EH/JA

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: **STID #3775**  
**Larry Hanna**  
**USPS Major Facilities Off:**  
**1407 Union Ave.**  
**Memphis, TN 38166-0340**

4a. Article Number  
**P 113 815 480**

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

7. Date of Delivery **JUN 2 5 1993**

5. Signature (Addressee)

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

6. Signature (Agent)

*DM*

PS Form 3811, December 1991 • U.S.G.P.O. 1992-307-530

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 113 815 480



**Receipt for Certified Mail**

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

Sent to	<b>Larry Hanna</b>
Street and NE	<b>USPS Major Fac. Of.</b>
P.O., State and Zip Code	<b>1407 Union Ave. Memphis, TN 38166</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

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 # P 113 815 472

06/09/93  
STID# 3775

**Notice of Requirement to Reimburse**

Silberblatt & Assoc.

81 Centre Avenue  
New Rochelle N Y 10801

Responsible Party #1  
Property Owner

Larry Hanna  
USPS Major Facilities Office  
1407 Union Ave.  
Memphis T N 38166-0340

Responsible Party #2  
Contact Person  
Contact Company

U.S. Postal Service  
1675 - 7th St.  
Oakland, CA 94607

SITE

Date First Reported 11/13/91  
Substance: Gasoline  
Petroleum: (X) Yes

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Please contact Jennifer EBERLE, 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: Change in RP info

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional fee
- 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 following services (for an additional fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Silberblatt & Assoc.  
 81 Centre Avenue  
 New Rochelle, N.Y. 10801  
 STID# 3775

4a. Article Number  
 P 113 815 472

4b. Service Type

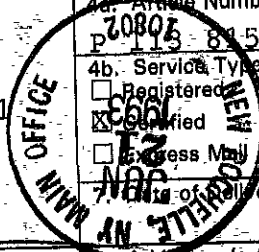
Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

4c. City of Delivery

5. Signature (Addressee)  
*[Handwritten Signature]*

6. Signature (Agent)  
*[Handwritten Signature]*

7. 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. # 1992-907-630 **DOMESTIC RETURN RECEIPT**

P 113 815 472



**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	

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

Certified Mail # P 367 604 048

03/23/92  
STID# 3775

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Notice of Requirement to Reimburse

Charles Wren  
U.S. Postal Service  
850 Cherry Avenue  
San Bruno, Ca 94099-0310

Responsible Party #1  
Property Owner

S.s. Silberblatt & Associates  
81 Contra Ave. Rm. 202  
New Rochelle N.y. 10801

Responsible Party #2  
Contact Person  
Contact Company

U.S. Postal Service  
1675 - 7th St.  
Oakland, CA 94607

SITE

Date First Reported 11/13/91  
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 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 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 Dennis BYRNE, Senior 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

**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)  
 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 S.S. Silberblatt & Associates  
 81 Contra Ave. Rm. 202  
 New Rochelle NY 10801

4. Article Number (DB) #3775

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 - Address  
 X *S.S. Silberblatt*

6. Signature - Agent  
 X

7. Date of Delivery

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

P 367 604 048

**RECEIPT FOR CERTIFIED MAIL**

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

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

Sent to: Silberblatt & Associates  
 Street and No: 81 Contra Ave. Rm. 202  
 P.O. State and ZIP Code: New Rochelle NY 10801

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	\$
Postmark or Date	

PS Form 3800, June 1985

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

Certified Mail # P 367 604 036

03/23/92  
STID# 3775

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

**Notice of Requirement to Reimburse**

Charles Wren  
U.s. Postal Service  
850 Cherry Avenue  
San Bruno, Ca 94099-0310

Responsible Party #1  
Property Owner

S.s. Silberblatt & Associates  
81 Contra Ave. Rm. 202  
New Rochelle N.y. 10801

Responsible Party #2  
Contact Person  
Contact Company

U.S. Postal Service  
1675 - 7th St.  
Oakland, CA 94607

SITE

Date First Reported 11/13/91  
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 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.

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

**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)  
 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  Charles Wren U.S. Postal Service 850 Cherry Avenue San Bruno, CA 94099-0310	4. Article Number (DB) # 3775  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  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Address X      APR 6 1992	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery San Bruno, CA 94099-0532	

PS Form 3811, Mar. 1988. \* U.S.G.P.O. 1986-212-865 DOMESTIC RETURN RECEIPT

P 367 604 036  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

U.S.G.P.O. 1985-234-555

To		Charles Wren
Street and No.		850 Cherry Avenue
P.O. State and ZIP Code		San Bruno, CA 94099-0310
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		\$
Postmark or Date		

PS Form 3800, June 1985