

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Certified Mail # P 143 588 357
07/11/96
STID# 3982

Notice of Requirement to Reimburse

Attn: John Prall
Port Of Oakland, Environmental
530 Water St.
Oakland C A 94607

Responsible Party (RP) #1
Property Owner

Robert Bergmann
Trans Bay Container Terminal
707 Ferry St.
Oakland Ca 94607

Responsible Party (RP) #2
business owner

Transbay Container
707 Ferry St
Oakland, CA 94607

SITE

Date First Reported 06/21/96
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced underground storage tank site, and the above Responsible Party or Parties (RPs) must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

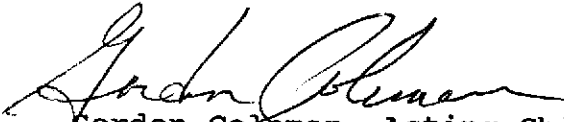
Reimburse Letter

07/11/96

StID# 3982

Page 2

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408. Please contact Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief
Contract Project Director

c: Lori Casias, SWRCB



Please Circle One Add Delete Change

Reason: found contamination
while removing tanks CF-03
& CF-05 near bldg C129.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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: #3982 J. Eberle

John Prall
 Port of Oakland
 530 Water Street
 Oakland CA 94607

4a. Article Number

P 143 588 357

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

7/18/96

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 143 588 357

Postal Service

Receipt for Certified Mail

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

Sent to John Prall	
Port of Oakland	
Street & Number 530 Water St.	
Post Office, State, & ZIP Code Oakland CA 94607	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Certified Mail # p 143 588358
07/11/96
STID# 3982

Notice of Requirement to Reimburse

Attn: John Prall
Port Of Oakland, Environmental
530 Water St.
Oakland C A 94607

Responsible Party (RP) #1
Property Owner

Robert Bergmann
Trans Bay Container Terminal
707 Ferry St.
Oakland Ca 94607

Responsible Party (RP) #2
business owner

Transbay Container
707 Ferry St
Oakland, CA 94607

SITE

Date First Reported 06/21/96
Substance: Gasoline
Petroleum: (X) Yes
Source: F

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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced underground storage tank site, and the above Responsible Party or Parties (RPs) must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

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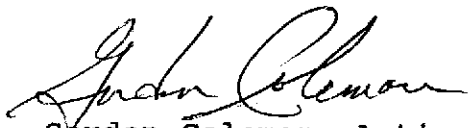
Reimburse Letter

07/11/96

StID# 3982

Page 2

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Gordon Coleman, Acting Chief
Contract Project Director

c: Lori Casias, SWRCB



Please Circle One Add Delete Change

Reason: found contamination
while removing tanks
CF-03 + CF-05 at bldg C129.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery, Consult postmaster for fee.
3. Article Addressed to: 3982- J EBERLE ROBERT BERGMANN TRANS BAY CONTAINER TERMINAL 707 PERRY ST OAKLAND, CA 94607	4a. Article Number P143 588 358	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) <i>D. Mayne</i>	7. Date of Delivery <i>7/18/96</i>	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <i>Therese Trayer</i>		

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

STID#3982, ~~JE~~
 P 143 588 358

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	Robert Bergmann
Street & Number	707 perry st
Post Office, State, & ZIP Code	Oakland, ca 94607
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 422 218 144

12/15/93
STID# 3982

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

~~Jon Andur~~
Port Of Oakland
530 Water St.
Oakland C A 94607

Responsible Party #1
Property Owner

Robert Bergmann
Trans Bay Container Terminal
707 Ferry St.
Oakland Ca 94607

Responsible Party #2
Contact Person
Contact Company

Transbay Container
707 Ferry St
Oakland, CA 94607

SITE

Date First Reported 12/03/93
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 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: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New



ST1D 3982

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 next to the article number.

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:

JE
 Jon Amdur
 Port of Oakland
 530 Water Street
 Oakland, Ca 94607

4a. Article Number

P 422 218 144

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

12/29/98

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, October 1990

*U.S. POSTAGE

DOMESTIC RETURN RECEIPT

P 422 218 144



Receipt for Certified Mail

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

Sent to Jon Amdur / Port of Oakland	
Street and No. 530 - Water Street	
P.O., State, and ZIP Code Oakland, Ca 94607	
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	

ST1D 3982

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 P 422 218 145

12/15/93
STID# 3982

Notice of Requirement to Reimburse

Jon Amdur
Port Of Oakland
530 Water St.
Oakland C A 94607

Responsible Party #1
Property Owner

~~Robert Bergmann~~
Trans Bay Container Terminal
707 Ferry St.
Oakland Ca 94607

Responsible Party #2
Contact Person
Contact Company

Transbay Container
707 Ferry St
Oakland, CA 94607

SITE

Date First Reported 12/03/93
Substance: Diesel
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: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New

STID 3982 JE

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.
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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:
 Robert Bergmann
 Trans Bay Container Terminal
 707 Jerry Street
 Oakland, Ca 94607

4a. Article Number
 P 422 218 145

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

7. Date of Delivery
 12-28-91

5. Signature (Addressee)

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

6. Signature (Agent)
 W. Mayne

PS Form 3811, October 1990

*U.S. PSN 420-273-001

DOMESTIC RETURN RECEIPT

P 422 218 145

JE



Receipt for Certified Mail

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

STID 3982

PS Form 3800, June 1991

Sent to Robert Bergmann / Trans Bay Container Terminal	
Street and No. 707 Jerry Street	
P.O., State and ZIP Code Oakland Ca 94607	
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	