

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 367 604 215

03/17/92  
STID# 147

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

**Notice of Requirement to Reimburse**

Dan Nourse  
Wareham Property Group  
1120 Nye St. #400  
San Rafael, C A 94901

Responsible Party #1  
Property Owner

Richard Robbins  
1600-63rd St. Assoc.  
1120 Nye St. #400  
San Rafael, C A 94901

Responsible Party #2  
Contact Person  
Contact Company

Peterson Manufacturing Co.Inc.  
1600 - 63rd St.  
Emeryville, CA 94608

SITE

Date First Reported 02/01/88  
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.

Please contact Susan HUGO, 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

**RECEIPT FOR CERTIFIED MAIL**  
 P 367 604 228

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

Sent to	Richard Robbins
Street and No	1120 Nye St # 400
P.O. State and ZIP Code	San Rafael, CA 94901
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.25
Postmark or Date	3.23.92 8M

L71 #045

PS Form 3800, June 1985  
 U.S.G.P.O. 1989-234-555

**PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-868 DOMESTIC RETURN RECEIPT**

<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to: SHD # 400 147                  1600-63rd St. Association                  Attn: Richard Robbins                  1120 Nye St # 400                  San Rafael, CA 94901</p>	
<p>4. Article Number                  P 367 604 228</p>	<p>Type of Service:  <input type="checkbox"/> Insured  <input type="checkbox"/> Registered  <input checked="" type="checkbox"/> Certified  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise</p>
<p>5. Signature - Address                  X                  X</p>	
<p>6. Signature - Agent                  X                  [Signature]</p>	
<p>7. Date of Delivery                  [Stamp: MAR 24 1988 SAN RAFAEL CA 94901]</p>	
<p>8. Addressee's Address (ONLY if agent and DATE DELIVERED, Always obtain signature of addressee or agent and DATE DELIVERED, requested and fee paid)</p>	

P 367 604 215  
**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 <b>Wareham Property Grp</b>	
Street and No <b>1120 Nye St. # 400</b>	
P.O., State and ZIP Code <b>San Rafael, CA 94901</b>	
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	\$ <b>2.29</b>
Postmark or Date <b>3.23.92</b> <b>SM</b>	

U.S. # 15

**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. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: **Shd # 4992**  
**Wareham Property Group**  
**attn: Dan Nourse**  
**1120 Nye St. # 400**  
**San Rafael, CA**

4. Article Number  
**P 367 604 215**

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**

6. Signature - Agent  
**X** **Mark Co.**

7. Date of Delivery  
**25 MAR 92**

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