

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 296 048 251

04/20/95  
STID# 3813

ALAMEDA COUNTY-ENV. HEALTH DEPT.  
ENVIRONMENTAL PROTECTION DIV.  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577  
(510)567-6700

**Notice of Requirement to Reimburse**

Mr. Ira Young  
M G P Holdings Inc  
7301 Topanga Cyn Rd, #202  
Canoga Park, C A 91303

Responsible Party #1  
Property Owner

n/a  
Malibu Grand Prix  
8000 S. Coliseum Way  
Oakland C A 94621

Responsible Party #2  
Contact Person  
Contact Company

Malibu Grand Prix  
8000 S Coliseum Wy  
Oakland, CA 94621

SITE

Date First Reported 03/29/89  
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 Barney CHAN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Ariu Levi, Acting Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:  Update : X Reason: *New contact person*

#3813  
BC

Z 296 048 251



**Receipt for  
Certified Mail**

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

PS Form 3800, March 1993

Sent to	
Mr. Ira Young	
Street and No.	
7301 Topanga Cyn Rd #202	
P O, State and ZIP Code	
Canoga Park CA 91303	
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



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 296 048 252

04/20/95  
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1131 HARBOR BAY PKWY., #250  
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Ariu Levi, Acting Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Update : X Reason: New contact person

#3813  
BC

Z 296 048 252



### Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to	Malibu Grand Prix
Street and No.	8000 S. Coliseum Way
P.O., State and ZIP Code	Oakland CA 94621
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	

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4.
- 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: #3813 B. Chan  
 Malibu Grand Prix  
 8000 S. Coliseum Way  
 Oakland CA 94621

4a. Article Number  
Z 296 048 252

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  
11/95

5. Signature (Addressee)  
*Robert B. Chan*

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

6. Signature (Agent)

Thank you for using Return Receipt Service

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 #

09/14/93

STID# 3813

**Notice of Requirement to Reimburse**

Mr. Bill Patterson  
Malibu Grand Prix  
7301 Topanga Cyn Rd, #300  
Canoga Park, C A 91303

Responsible Party #1  
Property Owner

n/a  
Malibu Grand Prix  
8000 S. Coliseum Way  
Oakland C A 94621

Responsible Party #2  
Contact Person  
Contact Company

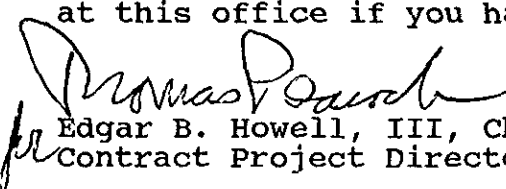
Malibu Grand Prix  
8000 S. Coliseum Wy  
Oakland, CA 94621

SITE

Date First Reported 03/29/89  
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Please contact Barney CHAN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Lori Casias, SWRCB

SWRCB Use: update : X Reason: newRP information

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 #

09/14/93  
STID# 3813

**Notice of Requirement to Reimburse**

Mr. Bill Patterson  
Malibu Grand Prix  
7301 Topanga Cyn Rd, #300  
Canoga Park, C A 91303

Responsible Party #1  
Property Owner

n/a  
Malibu Grand Prix  
8000 S. Coliseum Way  
Oakland C A 94621

Responsible Party #2  
Contact Person  
Contact Company

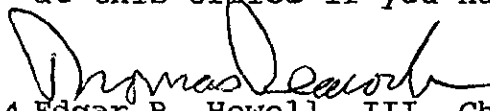
Malibu Grand Prix  
8000 S. Coliseum Wy  
Oakland, CA 94621

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Please contact Barney CHAN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

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

cc: Lori Casias, SWRCB

SWRCB Use: update : X Reason:new RP information

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 367 604 008

03/20/92  
STID# 3813

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

**Notice of Requirement to Reimburse**

Coliseum Way 8000 Inc.  
24 Maitland Dr.  
Alameda C A 94501

Responsible Party #1  
Property Owner

Malibu Grand Prix  
8000 S. Coliseum Way  
Oakland C A 94621

Responsible Party #2  
Contact Person  
Contact Company

Malibu Grand Prix  
8000 S. Coliseum Way  
Oakland, CA 94621

SITE

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Petroleum: (X)Yes

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Please contact Tom PEACOCK, Supervising 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

P 367 604 008

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>Malibu Grand Prix</b>	
Street and No. <b>8000 S. Coliseum Wy.</b>	
P.O. State and ZIP Code <b>Oakland CA 94621</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	\$
Postmark or Date	

**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:  
**Malibu Grand Prix  
8000 S. Coliseum Wy.  
Oakland CA 94621**

4. Article Number  
**(JE) #3813**

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** *William [unclear]*

7. Date of Delivery  
**4-2-92**

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



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 367 603 992

03/20/92  
STID# 3813

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

**Notice of Requirement to Reimburse**

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24 Maitland Dr.  
Alameda C A 94501

Responsible Party #1  
Property Owner

Malibu Grand Prix  
8000 S. Coliseum Way  
Oakland C A 94621

Responsible Party #2  
Contact Person  
Contact Company

Malibu Grand Prix  
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Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

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1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Coliseum Way 8000 Inc. 24 Maitland Dr. Alameda CA 94501	4. Article Number (JE) #3813
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	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature -- Agent X <i>[Signature]</i>	
7. Date of Delivery <i>[Signature]</i>	

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

P 367 603 992

**RECEIPT FOR CERTIFIED MAIL**

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

PS Form 3800, June 1985

Sent to	Coliseum Way 8000 Inc.
Street and No.	Maitland Dr.
P.O., State and ZIP Code	Alameda CA 94501
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	

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.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
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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: #3813 B. Chan

Mr. Ira Young  
M G P Holdings Inc.  
7301 Topanga Cyn. Rd. #202  
Canoga Park CA 91303

*Rafael R. ...*  
5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

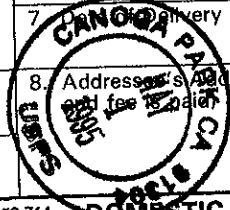
Z 296 048 251

4b. Service Type

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

7. Delivery

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



Thank you for using Return Receipt Service.