DAVID J. KEARS, Agency Director

#### State Wate Resources Control Board Division of Clean Water Programs UST Local Oversight Program

RAFAT A, SHAHID, Assistant Agency Director

Certified Mail # P 367 604 098

04/29/92 STID# 3858 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

#### Notice of Requirement to Reimburse

Hattie A. Lestrange

957 Arlington Avenue Berkeley, California 94707 Responsible Party #1 Property Owner

Mr. Michael Wheland Arco Petroleum Products Co. 2000 Alameda Delas Pulgas San Mateo, California 94403

Responsible Party #2 Contact Person Contact Company

Arco Facility #02035 1001 San Pablo Ave. Albany, CA 94706

SITE

Date First Reported 08/25/89

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 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.

Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

## P 367 604 **098**

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(SH) #385@ee Reverse)

|                           | (DII) #00d@ee neverse)   |    |  |
|---------------------------|--|----|--|
| v U.S.G.P.O. 1989-234-555 | Street and No. 957 Arlington Avenue                              |    |  |
| S.G.P.O. 1                | P.O. State and ZIP Code CA 94707                                 |    |  |
| Ü                         | Postage  | S  |  |
| PS Form 3800, June 1985   | Certified Fee  |    |  |
|                           | Special Delivery Fee   |    |  |
|                           | Restricted Delivery Fee  |    |  |
|                           | Return Receipt showing to whom and Date Delivered                |    |  |
|                           | Return Receipt showing to whom.<br>Date, and Address of Delivery |    |  |
|                           | TOTAL Postage and Fees   | \$ |  |
| <b>38</b> 00,             | Postmark or Date   |    |  |
| Ĕ                         |  |    |  |
| PS Fe                     |  |    |  |

| ested. address.  2.  Restricted Delivery (Extra charge)  |
|--|
| 4. Article Number<br>P 367 604 098   |
| Type of Service:  Registered Insured Cortified COD Express Mall Return Receipe for Merchandise |
| Always obtain signature of addresses or agent and DATE DELIVERED.                              |
| 8. Addressee's Address (ONLY if requested and fee paid)  |
|  |

# HEALTH CARE SERVICES

AGENCY DAVID J. KEARS, Agency Director



State Wat Resources Control Board Division of Clean Water Programs UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 099

04/29/92 STID# 3858 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

### Notice of Requirement to Reimburse

Hattie A. Lestrange

957 Arlington Avenue Berkeley, California 94707 Responsible Party #1 Property Owner

Mr. Michael Wheland Arco Petroleum Products Co. 2000 Alameda Delas Pulgas San Mateo, California 94403

Responsible Party #2 Contact Person Contact Company

Arco Facility #02035 1001 San Pablo Ave. Albany, CA 94706

SITE

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Substance: Gasoline Petroleum: (X) Yes

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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

| SENDER: Complete items 1 and 2 when additional 3 and 4. Per your address in the "RETURN TO" Space on the reve pard from being returned to you. The return receipt fee will the sand the date of delivery. For additional service(s) requesting fees and check box(es) for additional service(s) requesting Show to whom delivered, date, and addressee's addressee's and addressee's and addressee's and addressee's and addressee's addressee's and addressee's addressee's and addressee's addre | rse side. Parities of the person delivered would you the rame of the person delivered grant postmaster grant |  |  |  |
|--|--|--|--|--|
| (Extra charge)  8. Article Addressed to: (SH) #3858  | 4. Article Number<br>P 367 604 099   |  |  |  |
| Arco Petroleum Products Co.<br>Attn: Mr. Michael Wheland<br>2000 Alameda Delas Pulgas<br>San Mateo, CA 94403   | Type of Service:  Registered Insured Con Control Express Meil for Merchandis.  |  |  |  |
|  | Always obtain signature of addresses or agent and DATE DELIVERED.  |  |  |  |
| 5. Signature — Address   | 8. Addressee's Address (ONLY if requested and fee paid)  |  |  |  |
| S. Signature — Agent   |  |  |  |  |
| 7. Date of Delivery MAY 6 1992   |  |  |  |  |
| PS Form 3811, Mar. 1988 * U.S.A.P.O. 1988-210-900 *** ******************************   |  |  |  |  |

## P 367 604 099

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (SH) #3858See Reverse)

... -

|  | (SH)#303436611616169   |        |  |  |
|--|--|--------|--|--|
| ± U.S.G.P.O. 1989-234-555                | Sent to Michael Wheland Street and No. 2000 Alameda Delas        | Pulgas |  |  |
| 6.80                                     | San Mateo, CA 94403  |        |  |  |
| ⊹u.s.                                    | Postage  | \$     |  |  |
|  | Certified Fee  |        |  |  |
|  | Special Delivery Fee   |        |  |  |
|  | Restricted Delivery Fee  |        |  |  |
|  | Return Receipt showing to whom and Date Delivered                |        |  |  |
| 1985                                     | Return Receipt showing to whom,<br>Date, and Address of Delivery |        |  |  |
| - Trube                                  | TOTAL Postage and Fees   | \$     |  |  |
| . r. | Postmark or Date   |        |  |  |
| ì  | 2  |        |  |  |