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 # Z 196 176 835

12/16/94 STID# 3410

Notice of Requirement to Reimburse

Marla Guensler Exxon Company U S A P.o Box 4032 Concord, C A 94524

Responsible Party #1
Property Owner

Tony & Fee Ling Chan Property Owners 78 Park Manor Drive Daly City, C A 94015

Responsible Party #2 Contact Person Contact Company

Quan's Automotive 10100 E 14th St Oakland, CA 94603

SITE

Date First Reported 10/05/94

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 Madhulla LOGAN, 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:

New Cove: X Reason: Add

Z 196 176 835



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

Maria Guensler Street and No. Box 4032 P.O. Stage and ZIP Code CA 94524 Postage \$ Certified Fee Special Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, and Addresser's Address TOTAL Postage	~ ——					
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3. Article Addressed to: M. Logan #3410 Marla Guensler Exxon Company, USA P.O. Box 4032 Concord CA 94524	4a. Article Number Z 196 176 835 4b. Service Type ☐ Registered ☐ Insured ACCertified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery
Signature (Addressee) Signature (Addressee)	8. Addressee's Address (Only if requester and fee is paid)

- ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

12/16/94

STID# 3410

DAVID J. KEARS, Agency Director

Certified Mail # Z 196 176 822

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

Notice of Requirement to Reimburse

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Responsible Party #2 Contact Person Contact Company

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SITE

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Edgar B. Howell, III, Chief Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

New (ove: X Reason: Add

#3410 ML

Z 196 176 822



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

PS Form 3800, March 1993	Sent to Tony & Fee L					
arch	Street and 1/8 Park Manor Drive					
Σ̈́	P.O., State and ZIP Code ty CA 94015					
380	Postage	\$				
er E	Certified Fee					
PS F	Special Delivery Fee					
_	Restricted Delivery Fee					
	Return Receipt Showing to Whom & Date Delivered					
	Return Receipt Showing to Whom, Date, and Addressec's Address					
	TOTAL Postage & Fees	\$				
	Postmark or Date					

Complete items 1 and/or 2 for additional a se. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back i does not permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered a delivered.	if space 1. Addressee's Address
3. Article Addressed to:M. Logan #3410 Tony & Fee Ling Chan Property Owners 78 Park Manor Drive Daly City CA 94015	4a. Article Number Z 196 176 822 4b. Service Type ☐ Registered ☐ Insured (☐ Cortified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressee) Consulto 6. Signature (Agent)	8. Addressee's Address (Only if requested and fee is paid)
	Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the article that the Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: M. Logan #3410 Tony & Fee Ling Chan Property Owners 78 Park Manor Drive Daly City CA 94015 5. Signature (Addressee)

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SWRCB Use:

New (we: X Reason: Add