

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Certified Mail # P 368 729 342
12/04/96
STID# 4100

Notice of Requirement to Reimburse

Ardavan Onsori
N/a
29310 Union City Blvd
Union City, C A 94587

Responsible Party (RP) #1
Property Owner

Attn. Phil Briggs
Chevron
P. O. Box 5004
San Ramon, C A 94583-0804

Responsible Party (RP) #2

Altamont Chevron #9-7127
0 I-580 & Grantline
Tracy, CA 95376

SITE

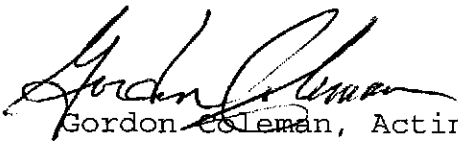
Date First Reported 04/04/91
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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
12/04/96
StID# 4100
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 Eva Chu, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New property owner

c: Lori Casias, SWRCB
Eva Chu, Hazardous Materials Specialist

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

12/04/96

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 4100
Altamont Chevron #9-7127
0 I-580 & Grantline
Tracy, CA 95376

Date First Reported 04/04/91
Substance: Gasoline
Petroleum (X) Yes
Source: F

Ardavan Onsori
N/a
29310 Union City Blvd
Union City, C A 94587
510/441-0585

Responsible Party #1
Property Owner

Attn. Phil Briggs
Chevron
P. O. Box 5004
San Ramon, C A 94583-0804
510/842-9136

Responsible Party #2
Contact Person
Contact Company

William Carnazzo
Carnazzo Land Co
P. O. Box 6031
Atascadero, C A 93423

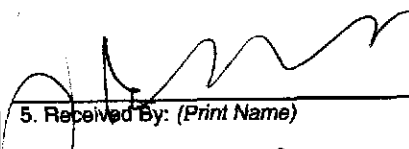
Responsible Party #3
Contact Person
Contact Company

P 368-729 342

US Postal Service **STID 4100**
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Ardavan Onsori	
Street & Number 29310 Union City Blvd.	
Post Office, State, & ZIP Code Union City, CA 94587	
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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none"> ■ 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 checked="" type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Ardavan Onsori 29310 Union City Blvd. Union City, CA 94587		4a. Article Number P 368 729 342
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 12-7
5. Received By: (Print Name) 		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X		

PS Form 3800, April 1995

PS Form 3811 December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Certified Mail #
12/04/96
STID# 4100

Notice of Requirement to Reimburse

Ardavan Onsori
N/a
29310 Union City Blvd
Union City, C A 94587

Responsible Party (RP) #1
Property Owner

William Carnazzo
Carnazzo Land Co
P. O. Box 6031
Atascadero, C A 93423

Responsible Party (RP) #3

Altamont Chevron #9-7127
0 I-580 & Grantline
Tracy, CA 95376

SITE

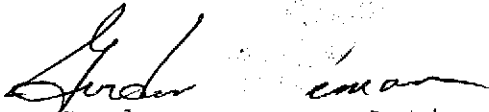
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Substance: Gasoline
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12/04/96
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Please contact Eva Chu, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.


Gordon E. Man, Acting Chief
Contract Project Director

Please Circle One Add Delete Change

Reason: New property owner

Roni Riley, SWRCB
Eva Chu, Hazardous Materials Specialist

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 367 604 102

05/04/92
STID# 4100

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

Notice of Requirement to Reimburse

William Carnazzo
Carnazzo Land Co.
P. O. Box 6031
Atascadero, C A 93423

Responsible Party #1
Property Owner

Nancy Vukelich
Chevron
P. O. Box 5004
San Ramon, C A 94583-0804

Responsible Party #2
Contact Person
Contact Company

Altamont Chevron #9-7127
0 I-580 & Grantline
Tracy, CA 95376

SITE

Date First Reported 04/04/91
Substance: Gasoline
Petroleum: (X)Yes

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Please contact Scott SEERY, 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

File

P 367 604 102

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(SS)#4100 (See Reverse)

U.S.G.P.O. 1989-234-555


PS Form 3800, June 1985

Sent to William Carnazzo	
Street and No. P.O. Box 6031	
P.O., State and ZIP Code Atascadero, CA 93423	
Postage	S
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	S
Postmark or Date	

WARNING: 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: (SS) #4100 William Carnazzo Carnazzo Land Co. P.O. Box 6031 Atascadero, CA 93423		4. Article Number P 367 604 102	
5. Signature - Address X 		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 DATE DELIVERED.	
		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery 5-12-92			

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 367 604 103

05/04/92
STID# 4100

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

Notice of Requirement to Reimburse

William Carnazzo
Carnazzo Land Co.
P. O. Box 6031
Atascadero, C A 93423

Responsible Party #1
Property Owner

Nancy Vukelich
Chevron
P. O. Box 5004
San Ramon, C A 94583-0804

Responsible Party #2
Contact Person
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Altamont Chevron #9-7127
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Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use: Add: X Reason: New Case

P 367 604 103

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL


(SS) #4100 (See Reverse)

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

Sent to Nancy Vukelich	
Street and No. P.O. Box 5004	
P.O., State and ZIP Code San Ramon, CA 94583-0804	
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	

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

3. Article Addressed to: (SS) #4100 Chevron Attn: Nancy Vukelich P.O. Box 5004 San Ramon, CA 94583-0804	4. Article Number P 367 604 103 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 DATE DELIVERED.
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X 	
7. Date of Delivery MAY 8 1992	