

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mail # 7000 1670 0009 3787 4667
May 21, 2002

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

Notice of Responsibility

Record ID: R00000216
Ultramar Station No. 720
Beacon Station No. 3720
1088 Marina Blvd.
San Leandro, CA 94577

SITE

Date First Reported 01/23/87
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Glenn Dembroff
Ultramar, Inc.
685 W. Third Street
Hanford, CA 93230-5016

Responsible Party (RP) #2
(list of all RPs attached)

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby notified that the above site has been placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or on the attached list, has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site. Section 25297.15 further requires the primary or active Responsible Party to notify all current record owners of fee title before the local agency considers cleanup or site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, this agency has identified Tesoro Petroleum Co., Inc. as the primary or active Responsible Party. It is the responsibility of the primary or active Responsible Party to submit a letter to this agency within 20 calendar days of receipt of this notice which identifies all current record owners of fee title. It is also the responsibility of the primary or active Responsible Party to certify to the local agency that the required notifications have been made at the time a cleanup or site closure proposal is made or before the local agency makes a determination that no further action is required. If property ownership changes in the future, you must notify this local agency within 20 calendar days from when you are informed of the change.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the State Water Resources Control Board. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please FAX your request to the State Water Board at (916) 341-5808 or telephone (916) 341-5700.

Pursuant to section 25299.37(c) (7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact Scott Seery, Hazardous Materials Specialist, at this office at (510) 567-6783 for further information about the site designation process.


Arius Levi, Chief
Contract Project Director

Date: 5/21/02

Please Circle One Add Delete Change

Reason: New RP

c: Lori Casias, SWRCB
Scott Seery, Hazardous Materials Specialist

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0009 3787 4667

7000 1670 0009 3787 4667

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To GLEN DEMBOROFF / ULTRAMAR, INC.
 Street, Apt. No., or PO Box No. 685 W. THIRD ST.
 City, State, ZIP+4 HANFORD, CA 93230-5016

PS Form 3800, May 2000

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GLEN DEMBOROFF
ULTRAMAR, INC.
685 W. THIRD ST.
HANFORD, CA 93230-5016

4a. Article Number

7000 1670 0009 3787 4667

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5-29-02

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

Thank you for using Return Receipt Service.

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

May 21, 2002

LIST OF RESPONSIBLE PARTIES FOR

SITE	Record ID: R00000216 Ultramar Station # 720 / Beacon Station # 3720 1088 Marina Blvd. San Leandro, CA 94577	Date First Reported 01/23/87 Substance: Gasoline Petroleum (X) Yes Source: F
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Rob Donovan
Tesoro Petroleum Co., Inc.
3450 So. 344th Way, Ste. 100
Auburn, WA 98001-5931

Responsible Party #1
Property Owner

Glenn Dembroff
Ultramar, Inc.
685 W. Third Street
Hanford, CA 93230-5016

Responsible Party #2
Contact Person
Contact Company

Conoco, Inc.
P.O. Box 4784
Houston, TX 77210-4784

Responsible Party #3
Contact Person
Contact Company

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7000 1670 0009 3787 4643
May 21, 2002

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

Notice of Responsibility

Record ID: R00000216
Ultramar Station No. 720
Beacon Station No. 3720
1088 Marina Blvd.
San Leandro, CA 94577

SITE

Date First Reported 01/23/87
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

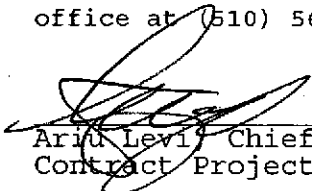
Rob Donovan
Tesoro Petroleum Co., Inc.
3450 So. 344th Way, Ste. 100
Auburn, WA 98001-5931

Responsible Party (RP)
Property Owner

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby notified that the above site has been placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or on the attached list, has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site. Section 25297.15 further requires the primary or active Responsible Party to notify all current record owners of fee title before the local agency considers cleanup or site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, this agency has identified Tesoro Petroleum Co., Inc. as the primary or active Responsible Party. It is the responsibility of the primary or active Responsible Party to submit a letter to this agency within 20 calendar days of receipt of this notice which identifies all current record owners of fee title. It is also the responsibility of the primary or active Responsible Party to certify to the local agency that the required notifications have been made at the time a cleanup or site closure proposal is made or before the local agency makes a determination that no further action is required. If property ownership changes in the future, you must notify this local agency within 20 calendar days from when you are informed of the change.

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Pursuant to section 25299.37(c) (7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact Scott Seery, Hazardous Materials Specialist, at this office at (510) 567-6783 for further information about the site designation process.


Aron Levi, Chief
Contract Project Director
Date: 5/21/02

Please Circle One Add Delete Change
Reason: New RP

c: Lori Casias, SWRCB
Scott Seery, Hazardous Materials Specialist

Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0009 3787 4643

7000 1670 0009 3787 4643

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To <u>Rob DONOVAN / TESORO PETRO</u>		
Street, Apt. No., or PO Box No. <u>3450 S. 344TH WY # 100</u>		
City, State, ZIP+4 <u>Auburn, WA 9800-5931</u>		
PS Form 3800, May 2000 See Reverse for instructions		

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ 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. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: <u>Rob DONOVAN</u> <u>TESORO PETROLEUM CO. INC</u> <u>3450 SO. 344TH WY # 100</u> <u>Auburn, WA 9800-5931</u>	4a. Article Number <u>7000 1670 0009 3787 4643</u>
	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name) <u>Michelle [Signature]</u>	7. Date of Delivery <u>MAY 28 2002</u>
6. Signature: (Addressee or Agent) <u>[Signature]</u>	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

May 21, 2002

LIST OF RESPONSIBLE PARTIES FOR

SITE

Record ID: R00000216
Ultramar Station # 720 /
Beacon Station # 3720
1088 Marina Blvd.
San Leandro, CA 94577

Date First Reported 01/23/87
Substance: Gasoline
Petroleum (X) Yes
Source: F

Rob Donovan
Tesoro Petroleum Co., Inc.
3450 So. 344th Way, Ste. 100
Auburn, WA 98001-5931

Responsible Party #1
Property Owner

LI-858

Glenn Dembroff
Ultramar, Inc.
685 W. Third Street
Hanford, CA 93230-5016

Responsible Party #2
Contact Person
Contact Company

Conoco, Inc.
P.O. Box 4784
Houston, TX 77210-4784

Responsible Party #3
Contact Person
Contact Company

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail # 7000 1670 0009 3787 4636
May 21, 2002

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

Notice of Responsibility

Record ID: R00000216
Ultramar Station No. 720
Beacon Station No. 3720
1088 Marina Blvd.
San Leandro, CA 94577

SITE

Date First Reported 01/23/87
Substance: Gasoline
Funding (Federal or State): F
Multiple RPs?: Y

Conoco, Inc.
P.O. Box 4784
Houston, TX 77210-4784

Responsible Party (RP) #3
(list of all RPs attached)

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby notified that the above site has been placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or on the attached list, has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site. Section 25297.15 further requires the primary or active Responsible Party to notify all current record owners of fee title before the local agency considers cleanup or site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, this agency has identified Tesoro Petroleum Co., Inc. as the primary or active Responsible Party. It is the responsibility of the primary or active Responsible Party to submit a letter to this agency within 20 calendar days of receipt of this notice which identifies all current record owners of fee title. It is also the responsibility of the primary or active Responsible Party to certify to the local agency that the required notifications have been made at the time a cleanup or site closure proposal is made or before the local agency makes a determination that no further action is required. If property ownership changes in the future, you must notify this local agency within 20 calendar days from when you are informed of the change.

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Ariu Levi, Chief
Contract Project Director

Date: 5/21/02

Please Circle One Add Delete Change

Reason: New RP

c: Lori Casias, SWRCB
✓ Scott Seery, Hazardous Materials Specialist

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage *Added*)

7000 1670 0009 3787 4636

POSTAGE AND FEES PAID

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To: CONCO, INC.
 Street, Apt. No., or P.O. Box No. P.O. BOX 4784
 City, State, ZIP+4 HOUSTON TX 7710-4784

PS Form 3800, May 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- 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):
- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
CONCO, INC.
P.O. BOX 4784
HOUSTON, TX 7710-
4784

4a. Article Number
70001670 0009 3787 4636

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
5-28-02

5. Received By: (Print Name)
C Quintana

Signature: (Addressee or Agent)
C Quintana

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

Thank you for using Return Receipt Service.

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS MATERIALS DIVISION

May 21, 2002

LIST OF RESPONSIBLE PARTIES FOR

SITE	Record ID: RO0000216 Ultramar Station # 720 / Beacon Station # 3720 1088 Marina Blvd. San Leandro, CA 94577	Date First Reported 01/23/87 Substance: Gasoline Petroleum (X) Yes Source: F
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Rob Donovan
Tesoro Petroleum Co., Inc.
3450 So. 344th Way, Ste. 100
Auburn, WA 98001-5931

Responsible Party #1
Property Owner

Glenn Dembroff
Ultramar, Inc.
685 W. Third Street
Hanford, CA 93230-5016

Responsible Party #2
Contact Person
Contact Company

Conoco, Inc.
P.O. Box 4784
Houston, TX 77210-4784

Responsible Party #3
Contact Person
Contact Company

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 386 338 492

03/02/94
STID# 4552

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

Terry Fox
Ultramar, Inc.
525 West Third Street
Hanford, Ca 93230

Responsible Party #1
Property Owner

Conoco, Inc.
P. O. Box 4784
Houston, Tx 77210-4784

Responsible Party #2
Contact Person
Contact Company

Ultramar #720
1088 Marina Blvd
San Leandro, CA 94577

SITE

Date First Reported 01/23/87
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 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: Mike Harper, SWRCB

SWRCB Use: Change : X Reason: Add new RP

P 386 338 492

#4552
SS



Receipt for Certified Mail

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

Sent to	
Terry Fox	
Street and No.	
525 West 3rd St.	
P.O., State and ZIP Code	
Hanford CA 93230	
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	3/3/94

PS Form 3800, June 1991

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.
- 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.

3. Article Addressed to: SS #4552

Terry Fox
Ultramar, Inc.
525 West Third Street
Hanford CA 93230

5. Signature (Addressee)

6. Signature (Agent)
Colin M. King

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

Restricted Delivery

Default postmaster for fee.

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
3-7-94

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

94 MAR 14 10 07
ALCO
P9386 338 492

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 386 338 491

03/02/94
STID# 4552

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

Terry Fox
Ultramar, Inc.
525 West Third Street
Hanford, Ca 93230

Responsible Party #1
Property Owner

✓ Conoco, Inc.
P. O. Box 4784
Houston, Tx 77210-4784

Responsible Party #2
Contact Person
Contact Company

Ultramar #720
1088 Marina Blvd
San Leandro, CA 94577

SITE

Date First Reported 01/23/87
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 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: Mike Harper, SWRCB

SWRCB Use:

Change : X Reason: Add new RP

P 386 338 491

SS #4552 Receipt for Certified Mail



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

Sent	Conoco, Inc.	
Street No	P.O. Box 4784	
P.O., State and Code	Houston TX 77210-4784	
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	3/3/94	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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: **SS #4552**

Conoco, Inc.
P.O. Box 4784
Houston TX 77210-4784

4a. Article Number
P 386 338 491

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
MAR 8 - 1994

5. Signature (Addressee)

6. Signature (Agent)
A. Ross

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

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 # P 113 815 445

06/01/93
STID# 4552

Notice of Requirement to Reimburse

Terry Fox
Ultramar, Inc.
525 West Third Street
Hanford, Ca 93230

Responsible Party
Property Owner


Ultramar #720
1088 Marina Blvd.
San Leandro, CA 94577

SITE

Date First Reported 01/23/87
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 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

P 113 815 445



Receipt for Certified Mail

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

PS Form 3800, June 1991

Sent to	
Street and No.	
P.O., State and ZIP Code	
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	

1078 Marina

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.
- 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.
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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Terry Fox
 Ultramar, Inc.
 525 West Third Street
 Hanford, CA 93230
 STID# 4552

4a. Article Number

#P 113 815 445

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

JUN - 9 1993

5. Signature (Addressee)

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

6. Signature (Agent)

[Handwritten Signature]

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT