

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY



DAVID J. KEARS, Agency Director
Certified Mail # 117 367 004 666

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

January 27, 1992
STID# 3605

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm 200, 4320
Oakland, CA 94621
(415)

Notice of Requirement to Reimburse

Kamur Industries
ATTN: Murray Stevens
2351 Shoreline Dr.
Alameda, CA 94501

Responsible Party
Contact Person

George W. & June A. Ososki Trust
110 Crown Rd.
Kentfield, CA 94904

Responsible Party
Property Owner

Plaza Car Wash
400 San Pablo Ave.
Albany, CA 94706

SITE

Date First Reported 07/26/89
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 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.

If you have any questions concerning this matter please contact Thomas Peacock, Supervising Hazardous Material Specialist, at this office.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use : change: X Reason: New info

P 367 604 663

RECEIPT FOR CERTIFIED MAIL

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

*Playa Car Wash
400 San Pablo
(LS)
Albany 94706*

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

PS Form 3800, June 1985

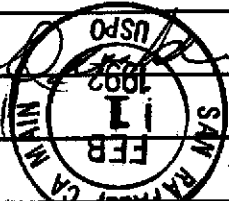
Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.29
Postmark or Date 1.30.92	

3605

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: George W. & June A. Ososki 110 Crown Road Trust Kentfield, Ca 94904	4. Article Number 3605 #P 367 604 663 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
5. Signature - Address X <i>George W. Ososki</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	





certified mailer #P 367 604 618

December 26, 1991
STID# 3605

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
~~(415)~~ (510) 271-4320

Notice of Requirement to Reimburse

Kamur Industries
ATTN: Murray Stevens 618
2351 Shoreline Dr.
Alameda, CA 94501

Responsible Party
Contact Person
Contact Company

Albany Bowl Properties 619
ATTN: Ken Friedman
529 Brookline
Mill Valley, CA 94941

Responsible Party
Property Owner

Plaza Car Wash
400 San Pablo Ave.
Albany, CA 94706

SITE

Date First Reported 07/26/89
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 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.

If you have any questions concerning this matter please contact Thomas Peacock, Supervising Hazardous Material Specialist, at this office.

Notice of Requirement to Reimburse
 Plaza Car Wash STID 3605
 December 26, 1991
 Page 2 of 2

Sincerely,

Edgar B. Howell, III, Chief
 Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use : add: X Reason: New case

P 367 604 619
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

P 367 604 618
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

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

Sent to Albany Bowl Prop	
Street and No. 529 Brookline	
P.O., State and ZIP Code Mill Valley, CA 94941	
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	2.29
Postmark or Date	430P JAN 7-92

PS Form 3800, June 1985

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

Sent to Kamur Indus.	
Street and No. 2351 Shoreline 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	2.29
Postmark or Date	430P JAN 7-92

Form 3800, June 1985

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 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 boxes for additional service(s) requested.

1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. <i>(Extra charge)</i>	2. <input type="checkbox"/> Restricted Delivery <i>(Extra charge)</i>
3. Article Addressed to: Kamur Indus. attn: Murray Stevens 2351 Shoreline Dr. Alameda, CA 94501	4. Article Number 3605
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 1/9/92	

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