

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director
certified Mail #



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

RAFAT A. SHAHID, Assistant Agency Director

June 16, 1992
STID# 402

P118 918 717
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DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94612
(510) 271-4320

Notice of Requirement to Reimburse

Chevron U.S.A. Inc.
ATTN: Kenneth Kan
P.O. Box 5004
San Ramon, CA 94583-0804

Responsible Party
Contact Person

Charles Gwynn *one of several*
120 Caperton Avenue *(Sloan + Gaciano)*
Piedmont, CA 94611

Responsible Party
Property Owner

Former Chevron Station
5101 Telegraph Avenue
Oakland, CA 94609

SITE

Date First Reported 01/19/91
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 Susan Hugo, Senior Hazardous Materials Specialist at this office.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use : add: X Reason: New case

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Receipt for Certified Mail

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

(SH) #402

Sent to Kenneth Kan	
Street and No. P.O. Box 5004	
P.O., State and ZIP Code San Ramon, CA 94583-0804	
Postage	\$
Certified Fee	



Receipt for Certified Mail

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

(SH) #402

Sent to Charles Gwynn	
Street and No. 120 Caperton Avenue	
P.O., State and ZIP Code Piedmont, CA 94611	
Postage	\$
Certified Fee	

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 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: (SH) #402 Charles Gwynn 120 Caperton Avenue Piedmont, CA 94611	4. Article Number P 118 918 718 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 <i>Maury Helen Lemper</i>	
7. Date of Delivery 6/24/92	

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

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 this card from being returned to you. The return receipt fee will provide you the name of the person delivered 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: (SH) #402 Chevron U.S.A. Inc. Attn: Kenneth Kan P.O. Box 5004 San Ramon, CA 94583-0804	4. Article Number P 118 918 717 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 <i>[Signature]</i>	
7. Date of Delivery JUN 24 1992	

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