

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

certified mailer #P 367 604 334

November 13, 1991
STID# 3579

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

Notice of Requirement to Reimburse

Paul A. Wilson ³³³
1238 Stanyan St.
San Francisco, CA 94117

Responsible Party
Contact Person
Property Owner

Ultramar Inc. ³³⁴
P.O. Box 466
525 W. Third St.
Hanford, CA 93232-0466

Responsible Party
Tank Operator

Beacon Station #574 (former)
22315 Redwood Rd.
Castro Valley, CA 94546

SITE

Date First Reported 08/28/87
Substance: gasoline, diesel
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

Notice of Requirement to Reimburse
 Beacon Station #574 (former)
 November 13, 1991
 Page 2 of 2

cc: Sandra Malos, SWRCB

SWRCB Use : add: X Reason: New case

P 367 604 333
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

3579

Form 3800, June 1985

Sent to Paul A. Wilson
 Street and No. 1238 Stanyan St.
 P.O., State and ZIP Code San Francisco, CA 94117
 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 2.29
 Postmark or Date Nov. 14 1991

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC MAIL PERMIT NO. 1000 SAN FRANCISCO, CA 94111

SENDER: Complete items 1 and 2 when additional services are desired, and 4. Put your address in the "RETURN TO" Space on the reverse side of this card from being returned to you. The return card will provide you with proof to and the date of delivery. For additional information, call the Postmaster for fees and check box(es) for additional services requested.

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

3. Article Addressed to:
 Ultramar Inc
 P.O. Box 466
 Hanford, CA 93232-0466

4. Article Number
 P367604334

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X

6. Signature - Agent
 X *Blanche*

7. Date of Delivery
 11/19/91

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

P 367 604 334
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 NOT FOR INTERNATIONAL MAIL
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3579

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SENDER: Complete items 1 and 2 when additional services are desired, and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to provide this information may result in the article being returned to you.

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

3. Article Addressed to:
 Paul A. Wilson
 1238 Stanyan St.
 San Francisco, CA 94117

4. Article Number
 STD 3579

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X *Elizabeth Wilson*

6. Signature - Agent
 X

7. Date of Delivery

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