ALAMEDA COUNTY

HEALTH CARE SERVICES

DAVID J. KEARS, Agency Director certified mailer #P 367

AGENCY

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

RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200

May 6, 1992 STID# 245

Notice of Requirement toakedmburse1 (510) 271-4320

Texaco

ATTN: R. Zielinski 100 Cutting Blvd. Richmond, CA 94804

Responsible Party Contact Person

Exxon Co. USA, Attn: G. DeMarzo 2300 Clayton Rd., Suite 1250 P.O. Box 4032 Concord, CA 94524-2032 Exxon 2200 E. 12th St. Oakland, CA 94606

SITE

Responsible Party Property Owner

Date First Reported 05/88 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 Barney Chan, Hazardous Material Specialist, at (510) 271-4530.

Edgar B. Howell, III, Chief Contract Project Director

Sandra Malos, SWRCB

SWRCB Use add: X Reason: New case

P 367 604 419

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(BC) #245 (See Reverse)

Street and No. 2300 Clayton Rd.,	Ste 1250
Considered, ZCA of 4524-	
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	

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SENDER: Complete items 1 and 2 when additiona 3 and 4. Put your address in the "RETURN TO" Space on the reveard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request. Show to whom delivered, date, and addresses in the service of the serv	erse side. Failure to do this will prevent this provide you the name of the person delivered ng services ere available. Consult postmaster ested. 2. Restricted Delivery
3. Article Addressed to: (BC) #245	P 367 604 419
Exxon Co. U.S.A Attn: G. DeMarzo 2300 Clayton Rd., Suite 1250 P.O. Box 4032 Concord, CA 94524-2032	Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address	Addressee's Address (ONLY if requested and fee paid)
6. Signature	
7. Date of Delivery	
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURNS RECEIVED

ALAMEDA COUNTY

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AGENCY
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certified mailer #P 367 604 4

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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° 684 418 -

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(BC) #245 (See Reverse) Sent to R. Zielinski Street and No. 100 Cutting Blvd. P.O., State and ZIP Code Richmond, CA 94804 Postage \mathcal{N} 45 Certified Fee Special Delivery Fee 245 Restricted Delivery Fee Return Receipt showing to whom and Date Delivered PS Form 3800, June 1985 Return Receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date

SANDER Complete Hums 1 and 2 when a		-		
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this				
to and the date of delivery. For additional fees the following services are available. Consuit postmaster for fees and check box(es) for edditional service(s) requested.				
1. Show to whom delivered, date, and addressee's address. (Eara charge) (Extra charge) (Extra charge) (Extra charge)				
3. Article Addressed to:		4. Article Number		
(BC)	#245	P 367 604 418		
Texaco	<u>-(_</u>	Type of Service: Registered Insured Cortified COD		
Attn: R. Zielinski	/	Express Mell Return Receipt for Merchandise		
100 Cutting Blvd.		Always obtain signature of addressee		
Richmond, CA 94804	. []	of gent and DATE DELIVERED.		
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6. Signature — Agent	1			
X //				
7. Date of Delivery				
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