



DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

Certified Mail # Z 296 048 477  
11/21/95  
STID# 1674

**Notice of Requirement to Reimburse**

C & H Development Co  
P. O. Box 7611  
San Francisco, Ca 94120

Responsible Party (RP) #1  
Property Owner

~~Tammy [redacted]~~  
Chevron U. S. A. Products Co.  
P. O. Box 5004  
San Ramon, Ca 94583

Responsible Party (RP) #2  
**UST OWNER**

Chevron Station #9-0917  
5280 Hopyard Rd  
Pleasanton, CA 94566

**SITE**

Date First Reported 09/18/89  
Substance: Gasoline  
Petroleum: (X) Yes  
Source: f

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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced underground storage tank site, and the above Responsible Party or Parties (RPs) must make full payment of such costs within 30 days of receipt of a detailed invoice from the SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter  
 11/21/95  
 StID# 1674  
 Page 2

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408. Please contact Scott SEERY, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.

*Gordon Coleman*  
 Gordon Coleman, Acting Chief  
 Contract Project Director

Please Circle One **Add** Delete Change

Reason: NEW CASE

c: Mike Harper, SWRCB

#1674  
 SOS

Z 296 048 477



**Receipt for Certified Mail**

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

PS Form 3800, March 1993

Sent to <b>Tammy Hodge</b>	
Street and No. <b>P.O. Box 5004</b>	
P.O., State and ZIP Code <b>San Ramon CA 94583</b>	
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	

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.

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: <b>#1674 S. Seery</b>	4a. Article Number <b>Z 296 048 477</b>
<b>Tammy Hodge</b> <b>Chevron USA Products Co.</b> <b>P.O. Box 5004</b> <b>San Ramon CA 94583</b>	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
5. Signature (Addressee)	7. Date of Delivery <b>NOV 30 1995</b>
6. Signature (Agent) <i>Wesley</i>	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, DIRECTOR

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TOTAL Postage & Fees	\$
Postmark or Date	

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**C & H Development Co.**  
**P.O. Box 7611**  
**San Francisco CA 94120**

4a. Article Number  
**Z 296 048 476**

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

7. Date of Delivery  
**DEC 12 1995**

5. Signature (Addressee)  
*Roni Riley*

6. Signature (Agent)

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

Thank you for using Return Receipt Services.