

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  
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 118 918 785

06/23/92  
STID# 651

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

**Notice of Requirement to Reimburse**

~~Nancy Wakelich~~  
Chevron U S A, Inc.  
P.o. Box 5004  
San Ramon, Ca 94583-0804

Responsible Party #1  
Property Owner

Jack Edwards  
Jack Edwards Chevron  
2920 Castr Valley Blvd.  
Castro Valley, Ca 94546

Responsible Party #2  
Contact Person  
Contact Company

Jack F. Edwards Chevron Sta.  
2920 Castro Valley Blv  
Castro Valley, CA 94546

SITE

Date First Reported 09/14/90  
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 indentified 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.

Please contact Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 118 918 785



### Receipt for Certified Mail

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

(SS) #651

PS Form 3800, June 1991

To: <b>Nancy Vukelich</b>	
Street and No. <b>P.O. Box 5004</b>	
City, State and Zip Code <b>San Ramon, CA 94583-0804</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	

- Complete items 1 and 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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:

(SS) #651

4a. Article Number

P 118 918 785

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 |

7. Date of Delivery

JUN 29 1992

Chevron U.S.A, Inc.  
Attn: Nancy Vukelich  
P.O. Box 5004  
San Ramon, CA 94583-0804

5. Signature (Addressee)

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

6. Signature (Agent)

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
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Certified Mail # P 118 918 784

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TOTAL Postage & Fees	\$
Postmark or Date	

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