

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 418 724 642

09/03/93  
STID# 3824

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

**Notice of Requirement to Reimburse**

John Moe  
Southern Pacific Trans. Co.  
One Market Plaza  
San Francisco C A 94105

Responsible Party  
Property Owner

Southern Pacific Trans. Co.  
1399 Wood St.  
Oakland , CA 94607

SITE

Date First Reported 09/14/89  
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 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 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 Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Handwritten signature of Edgar B. Howell, III.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Lori Casias, SWRCB

SWRCB Use:  Update X Reason: change RP contact

Handwritten initials, possibly "JH".

P 418 724 E42



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse) *ST10 3824*

*JE*

Sent to <i>John Moe</i>	
Street and No. <i>One Market Plaza</i>	
P.O., State and ZIP Code <i>San Francisco CA 94105</i>	
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	

PS Form 3800, June 1991

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 367 603 999

03/27/92  
STID# 3824

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

**Notice of Requirement to Reimburse**

David Steel  
Southern Pacific Trans. Co.  
One Market Plaza  
San Francisco C A 94105

Responsible Party #1  
Property Owner

Southern Pacific Trans. Co.  
1399 Wood St.  
Oakland C A 94607

Responsible Party #2  
Contact Person  
Contact Company

Southern Pacific Trans. Co.  
1399 Wood St.  
Oakland, CA 94607

SITE

Date First Reported 09/14/89  
Substance: Gasoline  
Petroleum: (X)Yes

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Please contact Tom PEACOCK, Supervising 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 367 603 999

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sender Southern Pacific Trans Co	
Special Note 1399 Wood St.	
P.O., State and ZIP Code Oakland CA 94607	
Postage	\$
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	\$
Postmark or Date	

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 to 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:  Southern Pacific Trans. Co. 1399 Wood St. Oakland CA 94607	4. Article Number  3824
5. Signature - Address  <i>Betsy Warner</i> X	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
6. Signature - Agent  X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery  4-1-92	8. Addressee's Address (ONLY if requested and fee paid)

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

SAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 603 998

03/27/92  
STID# 3824

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

Notice of Requirement to Reimburse

David Steel  
Southern Pacific Trans. Co.  
One Market Plaza  
San Francisco C A 94105

Responsible Party #1  
Property Owner

Southern Pacific Trans. Co.  
1399 Wood St.  
Oakland C A 94607

Responsible Party #2  
Contact Person  
Contact Company

Southern Pacific Trans. Co.  
1399 Wood St.  
Oakland, CA 94607

SITE

Date First Reported 09/14/89  
Substance: Gasoline  
Petroleum: (X)Yes

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Please contact Tom PEACOCK, Supervising 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 367 603 998

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

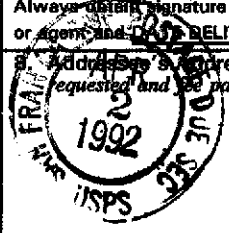
PS Form 3800, June 1985 \* U.S.G.P.O. 1988-234-555

Sent to David Steel	
Street and No. One Market Plaza	
P.O., State and ZIP Code San Francisco CA 94105	
Postage	\$
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	\$
Postmark or Date	

3824

**Instructions:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  David Steel Southern Pacific Trans. Co.  One Market Plaza San Francisco Ca 94105	4. Article Number  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)  Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>  
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery	

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 118 918 775

06/23/92  
STID# 3824

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

**Notice of Requirement to Reimburse**

~~David Steel~~ John Moe  
Southern Pacific Trans. Co.  
One Market Plaza  
San Francisco C A 94105

Responsible Party  
Property Owner

Southern Pacific Trans. Co.  
1399 Wood St.  
Oakland , CA 94607

SITE

Date First Reported 09/14/89  
Substance: Gasoline  
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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use: Add: X Reason: New Case

P 118 918 775



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

(JE) #3824 (See Reverse)

PS Form 3800, June 1991

Sent to	
David Steel	
Street and No.	
One Market Plaza	
P.O., State and ZIP Code	
San Francisco, CA 94105	
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	

**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 to 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:  (JE) #3824 Southern Pacific Trans. Co. Attn: David Steel One Market Plaza San Francisco, CA 94105	4. Article Number P 118 918 775 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 Addressee Always obtain signature of Addressee or agent and DATE DELIVERED.
5. Signature - Address X	8. Addressee's Address requested and fee paid
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 1-92	

