

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 # ? 367 604 259

03/23/92  
STID# 1211

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

**Notice of Requirement to Reimburse**

Aldo Guidotti  
Estate Of Jean Josephin  
1 Bates Blvd., #300  
Orinda, C A 94536

Responsible Party  
Property Owner

Pacific Cryogenic  
2311 Magnolia St.  
Oakland , CA 94607

SITE

Date First Reported 11/29/89  
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 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.

Please contact Susan HUGO, 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

u

**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 with 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: *Std 1211*  
*Estate of Jean Josephin*  
*attn Aldo Guidotti*  
*1 Bates Blvd #300*  
*Orinda, CA 94536*

4. Article Number  
*P 367 604 259*

- 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

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

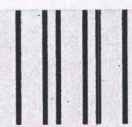
6. Signature - Agent  
 X *cc [Signature]*

7. Date of Delivery  
*3/27/92*

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE  
 OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**  
 Print your name, address and ZIP Code in the space below.  
 • Complete items 1, 2, 3, and 4 on the reverse.  
 • Attach to front of article if space permits, otherwise affix to back of article.  
 • Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

*92 MAR 30 PM 12:41*

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

**DEPARTMENT OF ENVIRONMENTAL HEALTH**  
**HAZARDOUS MATERIALS DIVISION**  
 80 SWAN WAY, SUITE 200  
 OAKLAND, CA 94621  
 430 - 4530

P 367 604 259  
 RECEIPT FOR CERTIFIED MAIL  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to <i>Aldo Guidotti</i>	
Street and No. <i>1 Bates Blvd, #300</i>	
P.O., State and ZIP Code <i>Orinda, CA 94536</i>	
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	\$ <i>2.29</i>
Postmark or Date	<i>MAR 26 1992</i>

*Std # 1211*

PS Form 3800, June 1985 \* U.S.G.P.O. 1989-234-555