

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 386 338 438

10/31/94
STID# 1962

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs

1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700

Notice of Requirement to Reimburse

Barry M. Gallagher

One Kaiser Plaza, Ste2450
Oakland, Ca 94612-3685

Responsible Party
Property Owner

Forni Corporation
3600 Depot Rd
Hayward , CA 94545

SITE

Date First Reported 04/05/92
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 Juliet M SHIN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Handwritten signature of Edgar B. Howell, III in black ink.

Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Update : X Reason: Removed RP#2 and changed address of RP#1

#1962

JMS P 386 338 438



Receipt for Certified Mail

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

Sent to		Barry M. Gallagher
Street, and No		One Kaiser Plaza, Ste 2450
P.O. State and ZIP Code		Oakland CA 94612-3685
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 113 815 101

07/10/92
STID# 1962

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

Notice of Requirement to Reimburse

Linda Sayers
Barry M. Gallager
38444 Darnell Court
Fremont, Ca 94536

Responsible Party #1
Property Owner

G. Chris Mclane
Forni Corporation
3600 Depot Road
Hayward, Ca 94545

Responsible Party #2
Contact Person
Contact Company

Forni Corporation
3600 Depot Rd.
Hayward, CA 94545

SITE

Date First Reported
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 113 815 101



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse) # 1962

PS Form 3800, June 1991

Sent to <i>G. Chris McLane</i>	
Street and No. <i>3600 Depot Road</i>	
P.O., State and ZIP Code <i>Hayward CA 94545</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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, 4b, 7 & 8.
- 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: *(SS) # 1962*
Forni Corporation
Attn: G. Chris McLane
3600 Depot Road
Hayward CA 94545

4a. Article Number
P 113 815 101

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

7. Date of Delivery
7-17-92

5. Signature (Addressee)

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

6. Signature (Agent)
[Signature]

Thank you for using Return Receipt Service.

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 113 815 100

07/10/92
STID# 1962

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

Notice of Requirement to Reimburse

Linda Sayers
Barry M. Gallager
38444 Darnell Court
Fremont, Ca 94536

Responsible Party #1
Property Owner

G. Chris Mclane
Forni Corporation
3600 Depot Road
Hayward, Ca 94545

Responsible Party #2
Contact Person
Contact Company

Forni Corporation
3600 Depot Rd.
Hayward, CA 94545

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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 113 815 100



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse) #1962

(SS)

Sent to <i>Linda Sayers</i>	
Street and No. <i>38444 Darnell Ct.</i>	
P.O., State and ZIP Code <i>Fremont CA 94536</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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 a & 2 for additional services.
- Complete items 3, a & 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: *82 JUL 20 (SS) #1962*
Linda Sayers
Barry M. Gallagher
38444 Darnell Ct.
Fremont, CA 94536

4a. Article Number
P 113 815 100

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

7. Date of Delivery
7-17-92

5. Signature (Addressee)
Linda Sayers

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

6. Signature (Agent)

Thank you for using Return Receipt Service.