

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 418 724 698

02/03/94  
STID# 1054

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**

Attn. Charlie West  
Montgomery Ward  
39201 Fremont Blvd  
Fremont, CA 94538

Responsible Party  
Property Owner

Montgomery Wards  
6900 Amador Plaza Rd  
Dublin, CA 94568

SITE Date First Reported 12/01/88  
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 Eva CHU, 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: Mike Harper, SWRCB

SWRCB Use:  ADD : X Reason: New Case

Stephen W. Sommerhalter, Esq.  
February 18, 1994  
Page Two

---

cc: Mr. Ravi Arulanantham  
Alameda County Dept. of Environmental Health  
80 Swan Way, #200  
Oakland, CA 94621

**Re: Montgomery Ward Auto Service Center  
7575 Dublin Blvd., Dublin, California**

P 418 724 698

#105  
EC



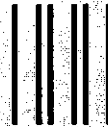
**Receipt for  
Certified Mail**

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

PS Form 3800, June 1991

Sent to	
Charlie West	
Street and No.	
39201 Fremont Blvd	
P.O., State and ZIP Code	
Fremont CA 94538	
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	

Andrew Piunti, 60 S. Market St, #730, San Jose, CA 95113  
Gil Jensen, Alameda County District Attorney's Office  
files



Official Business

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300

ALCO  
HAZMAT

94 FEB 10 PM 1:56

Print your name, address and ZIP Code here

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

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):

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

Consult postmaster for fee.

3. Article Addressed to:  
 EC #1054  
 Charlie West  
 Montgomery Ward  
 39201 Fremont BLVD.  
 Fremont CA 94538  
 ROS84

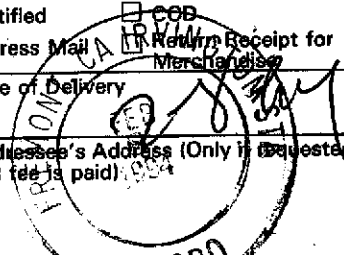
4a. Article Number  
 P 418 724 698

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

7. Date of Delivery

5. Signature (Addressee)  
*[Signature]*  
 6. Signature (Agent)

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



Thank you for using Return Receipt Service.