

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 174

10/07/92
STID# 3805

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

Ms. Christine Noma
Vanco C/o Wendel, Rosen, Black
P O Box 2047
Oakland, California 94604-2047

Responsible Party #1
Property Owner

Mr. Ivan Williams
King Knight Company
10 Crest Road
San Anselmo, California 94960

Responsible Party #2
Contact Person
Contact Company

King Knight Co.
6202 Christie Rd.
Emeryville, CA 94608

SITE

Date First Reported 06/06/90
Substance: Diesel
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

P 113 815 174



Receipt for Certified Mail

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

(SH) #3805

| | |
|---|----|
| Sent to | |
| Christine Noma | |
| Street and No | |
| P.O. Box 2047 | |
| P.O., State and ZIP Code | |
| Oakland, CA 94604-2047 | |
| 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

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 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:

(SH) #3805
 Vanco c/o Wendel, Rosen, Black
 Attn: Ms. Christine Noma
 P.O. Box 2047
 Oakland, CA 94604-2047

4a. Article Number

P 113 815 174

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

[Signature]

5. Signature (Addressee)

6. Signature (Agent)

[Signature]

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

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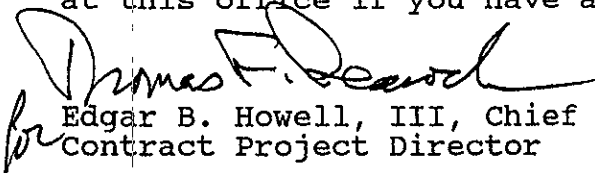
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Do not use for International Mail
(See Reverse)

(SH) #3805

PS Form 3800, June 1991

| | |
|---|----|
| Sent to Ivan Williams | |
| Street and No. 10 Crest Rd. | |
| P.O., State and ZIP Code San Anselmo, CA 94960 | |
| 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 | |

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3. Article Addressed to: (SH) #3805

King Knight Company
Attn: Ivan Williams
10 Crest Road
San Anselmo, CA 94960

4a. Article Number

P 113 815 175

4b. Service

- Registered Mail
 Certified Mail
 Express Mail
 Restricted Delivery
 Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)