

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 280

12/11/92  
STID# 642

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

Executor  
Dorothy A. Lorenzetti Trust  
P.o. Box 5004  
San Ramon, Ca 94583

Responsible Party #1  
Property Owner

Kenneth Kan  
Chevron U.s.a. Products Co.  
P.o. Box 5004  
San Ramon, Ca 94583-0804

Responsible Party #2  
Contact Person  
Contact Company

Hinkley Chevron #9-3356  
19201 Center St.  
Castro Valley, CA 94546

SITE Date First Reported 06/22/89  
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 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 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 Section 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 113 815 280



**Receipt for Certified Mail**

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

(SS) # 642

|   |  |                       |
|---|--|-----------------------|
| Sent to   |  | Dorothy A. Lorenzetti |
| Street and No.  |  | P O Box 5004          |
| P.O., State and ZIP Code                                      |  | San Ramon CA 94583    |
| 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 1 1991

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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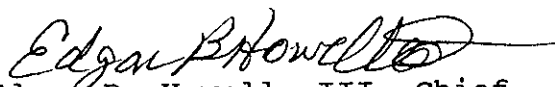
Hinkley Chevron #9-3356  
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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 113 015 279



**Receipt for  
Certified Mail**

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

(SS)

UNITED STATES  
POSTAL SERVICE  
#042

|   |  |                    |  |
|---|--|--------------------|--|
| Sent to   |  | Kenneth Kan        |  |
| Street and No.  |  | P.O. Box 5004      |  |
| P.O., State, and ZIP Code                                     |  | San Ramon CA 94583 |  |
| 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



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

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STID# 642

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San Ramon, Ca 94583

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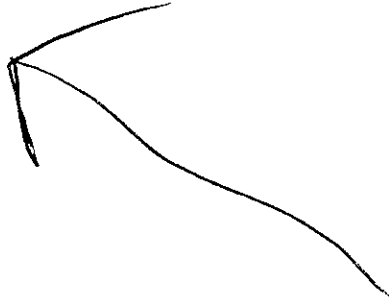
SWRCB Use:

Add: X Reason: New Case

ALAMEDA COUNTY  
HEALTH CARE SERVICES AGENCY

Hazardous Materials Program  
80 Swan Way, Rm 200  
Oakland, CA 94621

92070 17 11 03326



~~CANNOT LOCATE~~

~~Executor  
Dorothy A. Lorenzetti Trust  
P.O. Box 5004  
San Ramon CA 94583~~

CERTIFIED  
MAIL  
P 113 815 280

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: (SS) #642  
 20916  
 Kenneth Kan  
 Chevron U.S.A Products Co.  
 P.O. Box 5004  
 San Ramon CA 94583

4a. Article Number  
 P 113 815 279

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 DEC 2 - 1991

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-630 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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: (SS) #642  
 92 DEC 58  
 20916  
 Executor  
 Dorothy A. Lorenzetti Trust  
 P.O. Box 5004  
 San Ramon CA 94583

4a. Article Number  
 P 113 815 280

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 DEC 16 1992

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-630 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



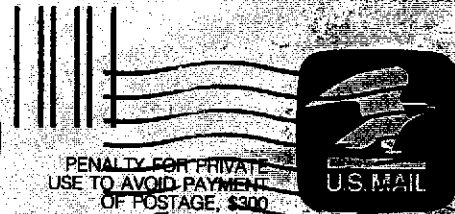
PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300

Print your name, address and ZIP Code here

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

UNITED STATES POSTAL SERVICE

Official Business



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Print your name, address and ZIP Code here

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