

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 345
P 113 815 346
01/25/93
STID# 2305

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

Helen Janin
C/o James Hotchkiss
25 Avenida De Orinda
Orinda, C A 94563-2386

Responsible Party #1
Property Owner

Attn. Bill Scudder
Chevron U. S. A.
P. O. Box 5044
San Ramon, C A 94583-0804

Responsible Party #2
Contact Person
Contact Company

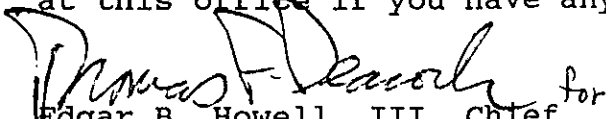
Amador Valley Medical Clinic
7667 Amador Valley Blv
Dublin, CA 94568

SITE

Date First Reported 12/24/92
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 Eva Chu, 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 113 815 345



Receipt for Certified Mail

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

(EC) #2305

PS Form 3800, June 1991

Sent to Helen Janin	
Street and No 25 Avenida De Orinda	
P.O., State and ZIP Code Orinda CA 94563-2386	
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	

P 113 815 346



Receipt for Certified Mail

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

(EC) #2305

PS Form 3800, June 1991

Sent to Bill Scudder	
Street and No P.O. Box 5044	
P.O., State and ZIP Code San Ramon CA 94583-0804	
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	

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 300

01/21/93
STID# 2305

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

Helen Janin
C/o James Hotchkiss
25 Avenida De Orinda
Orinda, C A 94563-2386

Responsible Party
Property Owner

Amador Valley Medical Clinic
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Please contact Eva Chu, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Susan L. Hugo
for Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 113 815 300



Receipt for Certified Mail

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

(EC) #2305

Sent to Helen Janin	
Street and No. 25 Avenida De Orinda	
P.O., State and ZIP Code Orinda CA 94563-2386	
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



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
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) #2305
R0933.

Helen Janin
C/O James Hotchkiss
25 Avenida De Orinda
Orinda CA 94563-2386

4a. Article Number
P 113 815 9456

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
1-28-93

5. Signature (Addressee)
Emily Sullivan

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

6. Signature (Agent)

Thank you for using Return Receipt Service.