

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



R01098

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 386 338 371

08/16/94  
STID# 1828

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

Phil Wood  
Wood Properties  
P. O. Box 7123  
Berkeley, C A 94707

Responsible Party #1  
Property Owner

Bernard Quante  
Bernard Quante  
108 Blossom Court  
San Rafael, C A 94091

Responsible Party #6  
Contact Person  
Contact Company


Alameda Chemical & Scientific  
9029 San Leandro St  
Oakland, CA 94603

SITE

Date First Reported 11/21/88  
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.

  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: Add'l RP

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

08/16/94

LIST OF RESPONSIBLE PARTIES FOR

<p><b>SITE</b></p>	<p>StID: 1828 Alameda Chemical &amp; Scientific 9029 San Leandro St Oakland, CA 94603</p>	<p>Date First Reported 11/21/88 Substance: Gasoline Petroleum (X)Yes</p>
<p>Phil Wood Wood Properties P. O. Box 7123 Berkeley, C A 94707</p>		<p>Responsible Party #1 Property Owner</p>
<p>C/o Christine Noma East Bay Enterprises 1221 Broadway, 20th Floor Oakland, C A 94612</p>		<p>Responsible Party #2 Contact Person Contact Company</p>
<p>David Wendel Trustee For Bette Macleod Tr. 1221 Broadway, 20th Floor Oakland, C A 94612</p>		<p>Responsible Party #3 Contact Person Contact Company</p>
<p>C/o Christine Noma Kendall Cole And Ken Keegan 1221 Broadway, 20th Floor Oakland, C A 94612</p>		<p>Responsible Party #4 Contact Person Contact Company</p>
<p>Henry Achatz Henry Achatz 2000 Powell St, Ste 1200 Emeryville, C A 94608</p>		<p>Responsible Party #5 Contact Person Contact Company</p>
<p>Bernard Quante Bernard Quante 108 Blossom Court San Rafael, C A 94091</p>		<p>Responsible Party #6 Contact Person Contact Company</p>

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



R01098

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

Certified Mail # P 386 338 370

08/16/94  
STID# 1828

Notice of Requirement to Reimburse

Phil Wood  
Wood Properties  
P. O. Box 7123  
Berkeley, C A 94707

Responsible Party #1  
Property Owner

Henry Achatz  
Henry Achatz  
2000 Powell St, Ste 1200  
Emeryville, C A 94608

Responsible Party #5  
Contact Person  
Contact Company

Alameda Chemical & Scientific  
9029 San Leandro St  
Oakland, CA 94603

SITE

Date First Reported 11/21/88  
Substance: Gasoline  
Petroleum: (X)Yes

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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: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: Add'l RP

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

08/16/94

LIST OF RESPONSIBLE PARTIES FOR

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<p>David Wendel Trustee For Bette Macleod Tr. 1221 Broadway, 20th Floor Oakland, C A 94612</p>		<p>Responsible Party #3 Contact Person Contact Company</p>
<p>C/o Christine Noma Kendall Cole And Ken Keegan 1221 Broadway, 20th Floor Oakland, C A 94612</p>		<p>Responsible Party #4 Contact Person Contact Company</p>
<p>Henry Achatz Henry Achatz 2000 Powell St, Ste 1200 Emeryville, C A 94608</p>		<p>Responsible Party #5 Contact Person Contact Company</p>
<p>Bernard Quante Bernard Quante 108 Blossom Court San Rafael, C A 94091</p>		<p>Responsible Party #6 Contact Person Contact Company</p>

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



R01098

~~R09~~

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

Certified Mail # P 386 338 369

08/16/94  
STID# 1828

Notice of Requirement to Reimburse

Phil Wood  
Wood Properties  
P. O. Box 7123  
Berkeley, C A 94707

Responsible Party #1  
Property Owner

C/o Christine Noma  
Kendall Cole And Ken Keegan  
1221 Broadway, 20th Floor  
Oakland, C A 94612

Responsible Party #4  
Contact Person  
Contact Company

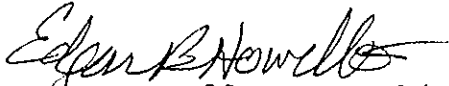
Alameda Chemical & Scientific  
9029 San Leandro St  
Oakland, CA 94603

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: Add'l RP

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

08/16/94

LIST OF RESPONSIBLE PARTIES FOR

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Berkeley, C A 94707

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C/o Christine Noma  
East Bay Enterprises  
1221 Broadway, 20th Floor  
Oakland, C A 94612

Responsible Party #2  
Contact Person  
Contact Company

David Wendel  
Trustee For Bette Macleod Tr.  
1221 Broadway, 20th Floor  
Oakland, C A 94612

Responsible Party #3  
Contact Person  
Contact Company

C/o Christine Noma  
Kendall Cole And Ken Keegan  
1221 Broadway, 20th Floor  
Oakland, C A 94612

Responsible Party #4  
Contact Person  
Contact Company

Henry Achatz  
Henry Achatz  
2000 Powell St, Ste 1200  
Emeryville, C A 94608

Responsible Party #5  
Contact Person  
Contact Company

Bernard Quante  
Bernard Quante  
108 Blossom Court  
San Rafael, C A 94091

Responsible Party #6  
Contact Person  
Contact Company

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



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RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
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Certified Mail # P 386 338 368

08/16/94  
STID# 1828

Notice of Requirement to Reimburse

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P. O. Box 7123  
Berkeley, C A 94707

Responsible Party #1  
Property Owner

David Wendel  
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Oakland, C A 94612

Responsible Party #3  
Contact Person  
Contact Company

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: Add : X Reason: Add'l RP

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

08/16/94

LIST OF RESPONSIBLE PARTIES FOR

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ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

R01098

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 386 338 367

08/16/94  
STID# 1828

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

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Phil Wood  
Wood Properties  
P. O. Box 7123  
Berkeley, C A 94707

Responsible Party #1  
Property Owner

C/o Christine Noma  
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Contact Company

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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:  Add : X Reason: Add'l RP

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

08/16/94

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RAFAT A. SHAHID, Assistant Agency Director

Certified Mail #

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80 Swan Way, Rm. 200  
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Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: Add'l RP

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HAZARDOUS MATERIALS DIVISION

08/16/94

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ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



R01098  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 204

03/19/92  
STID# 1828

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

**Notice of Requirement to Reimburse**

Phil Wood  
Wood Properties  
P. O. Box 7123  
Berkeley, C A 94707

Responsible Party  
Property Owner

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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

ee

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**BERNARD QUANTE**  
**108 BLOSSOM COURT**  
**SAN RAFAEL CA 94091**

*EC #1828*  
*RO 1098*

4a. Article Number  
**P 386 338 371**

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

7. Date of Delivery  
**8/30/94**

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.

Is your RETURN ADDRESS completed on the reverse side?

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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:

**EAST BAY ENTERPRISES**  
**C/O CHRISTINE NOMA**  
**1221 BROADWAY, 20TH FLOOR**  
**OAKLAND CA 94612**

*EC #1828*  
*RO 1098*

4a. Article Number  
**P 386 338 367**

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

7. Date of Delivery  
**8-19-94**

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

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

Thank you for using Return Receipt Service.

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**SENDER:**

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- 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.
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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**C/O CHRISTINE NOMA**  
**KENDALL COLE AND KEN KEEGAN**  
**1221 BROADWAY, 20TH FLOOR**  
**OAKLAND CA 94612**

*EC #1828*  
*RO 1098*  
*AUG 22 REC'D*

4a. Article Number  
**P 386 338 369**

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

7. Date of Delivery  
**8-19-94**

5. Signature (Addressee)

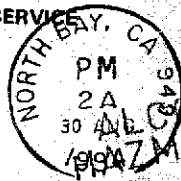
6. Signature (Agent)  
*[Signature]*

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



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



94 AUG 31 PM 2:44

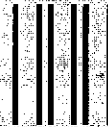
Print your name, address and ZIP Code here

- Alameda County CC 4580
- Health Care Services Agency
- Dept. of Environmental Health
- 1131 Harbor Bay Pkwy., Rm. 250
- Alameda, CA 94502-6577



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

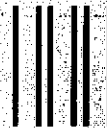


Print your name, address and ZIP Code here

- Alameda County CC 4580
- Health Care Services Agency
- Dept. of Environmental Health
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- Health Care Services Agency
- Dept. of Environmental Health
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- Alameda, CA 94502-6577

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 #1828**  
**RO 1098**

**DAVID WENDEL**  
**TRUSTEE FOR BETTE MACLEOD TR.**  
**1221 BROADWAY, 20TH FLOOR**  
**OAKLAND CA 94612**

4a. Article Number  
**P 386 338 368**

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

7. Date of Delivery  
**8-19-91**

5. Signature (Addressee)

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

6. Signature (Agent)  
*[Handwritten Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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- Complete items 3, and 4a & b.
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- 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: **ALG RO 1098**  
**EC #1828**  
**RECTO**

**HENRY ACHATZ**  
**2000 POWELL ST., STE. 1200**  
**EMERYVILLE CA 94608**

4a. Article Number  
**P 386 338 370**

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

7. Date of Delivery  
**8/19/91**

5. Signature (Addressee)

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

6. Signature (Agent)  
*[Handwritten Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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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 #1828**  
**RO 1098**

**Ken Keegan**  
**1250 Gerald Avenue**  
**San Pablo CA 94806**

4a. Article Number  
**P 386**

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

7. Date of Delivery  
**11/4/91**

5. Signature (Addressee)  
*[Handwritten Signature]*

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

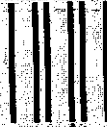
6. Signature (Agent)  
*[Handwritten Signature]*

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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Health Care Services Agency  
Dept. of Environmental Health  
1131 Harbor Bay Pkwy., Rm. 250  
Alameda, CA 94502-6577*

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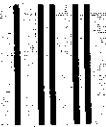
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OF POSTAGE \$300

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*Alameda County CC 4580  
Health Care Services Agency  
Dept. of Environmental Health  
1131 Harbor Bay Pkwy., Rm. 250  
Alameda, CA 94502-6577*

UNITED STATES POSTAL SERVICE



Official Business

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

ALCO  
HAZMAT  
9/4 JAN 20 PM 1:04

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:**

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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 #1828  
RO 1098  
David Wendel  
1221 Broadway, 20th floor  
Oakland CA 94612

4a. Article Number  
P 386 338 455

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

7. Date of Delivery  
1/14/90

5. Signature (Addressee)  
*Walter J. Meyer*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, and 4a & b.
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- 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 #1828  
RO 1098  
Christine Noma  
1221 Broadway, 20th floor  
Oakland CA 94612

4a. Article Number  
P 386 338 457

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

7. Date of Delivery  
1/14/90

5. Signature (Addressee)  
*Walter J. Meyer*

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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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 #1828  
RO 1098  
Henry Achatz  
2000 Powell, #1200  
Emeryville CA 94608

4a. Article Number  
P 386 338 459

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

7. Date of Delivery  
1/14/90

5. Signature (Addressee)

6. Signature (Agent)  
*Walter J. Meyer*

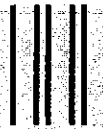
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business

ALCO  
HAZMAT  
94 JAN 19 PM 2:45



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



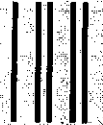
Print your name, address and ZIP Code here

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

UNITED STATES POSTAL SERVICE

Official Business

ALCO  
HAZMAT  
94 JAN 19 PM 2:45



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



Print your name, address and ZIP Code here

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HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, SUITE 200  
OAKLAND, CA 94621  
430 - 4530

UNITED STATES POSTAL SERVICE

Official Business

ALCO  
HAZMAT  
94 JAN 18 PM 2:23



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

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- 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 #1828 RO 1098*

*Scott Sommer*  
*1676 No. California, #690*  
*Walnut Creek CA 94696*

4a. Article Number  
*P 386 338 453*

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*1-14-99*

5. Signature (Addressee)

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

6. Signature (Agent)  
*[Signature]*

PS Form 3871 December 1991 \*U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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 #1828 RO 1098*

*Phil Wood*  
*900 Modoc St.*  
*Berkeley CA 94707*

4a. Article Number  
*P 386 338 454*

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*1-14-99*

5. Signature (Addressee)  
*[Signature]*

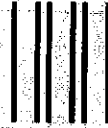
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
*[Signature]*

PS Form 3871, December 1991 \*U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

ALCO  
HAZMAT

94 JAN 18 PM 2:30

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



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HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, SUITE 200  
OAKLAND, CA 94621  
430 - 4530

UNITED STATES POSTAL SERVICE



Official Business

ALCO  
HAZMAT  
94 JAN 19 PM 2:41  
OAKLAND CA 94621

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



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

