ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

R0 1098

DAVID J. KEARS, Agency Director

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 RP

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 1828 Alameda Chemical & Scientific 9029 San Leandro St Oakland, CA 94603 Date First Reported 11/21/88 Substance: Gasoline Petroleum (X) Yes

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

Responsible Party #1 Property Owner

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

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

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:

Ald

: X Reason: Add'l P

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 1828

Alameda Chemical & Scientific

9029 San Leandro St Oakland, CA 94603 Date First Reported 11/21/88

Substance: Gasoline Petroleum (X) Yes

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

Responsible Party #1 Property Owner

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

R01098

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail #

DAVID J. KEARS, Agency Director

P 386 338 369

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

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

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 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 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

Mike Harper, SWRCB

SWRCB Use:

Reason: Au'l RP : X Add

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 1828 Alameda Chemical & Scientific 9029 San Leandro St Oakland, CA 94603 Date First Reported 11/21/88 Substance: Gasoline Petroleum (X) Yes

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

Responsible Party #1 Property Owner

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

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 386 338 368

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

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

Responsible Party #3 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! RP

15

08/16/94

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 1828
Alameda Chemical & Scientific
9029 San Leandro St
Oakland, CA 94603

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

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

Responsible Party #1 Property Owner

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

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 386 338 367

AGENCY

08/16/94 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 #1 Property Owner

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

Responsible Party #2 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

Mike Harper, SWRCB

SWRCB Use:

Reason: Addl RP : X

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 1828
Alameda Chemical & Scientific
9029 San Leandro St
Oakland, CA 94603

Date First Reported 11/21/88 Substance: Gasoline

Petroleum (X) Yes

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

Responsible Party #1 Property Owner

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

DAVID J. KEARS, Agency Director

AGENCY



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail #

08/16/94 STID# 1828 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

R01098

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 East Bay Enterprises 1221 Broadway, 20th Floor Oakland, C A 94612

Responsible Party #2 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! LP

1

08/16/94

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 1828 Alameda Chemical & Scientific 9029 San Leandro St

Oakland, CA 94603

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

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

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

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

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

Bernard Quante Bernard Quante 108 Blossom Court San Rafael, C A 94091 Date First Reported 11/21/88 Substance: Gasoline

Petroleum (X) Yes

Responsible Party #1
Property Owner

Responsible Party #2 Contact Person Contact Company

Responsible Party #3 Contact Person Contact Company

Responsible Party #4 Contact Person Contact Company

Responsible Party #5 Contact Person Contact Company

ALAMEDA COUNTY HEALTH CARE SERVICES

AGENCY DAVID J. KEARS, Agency Director



State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P367 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

_____ Da

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

SITE Substance:

Property Owner

Responsible Party

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 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 indentified 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.

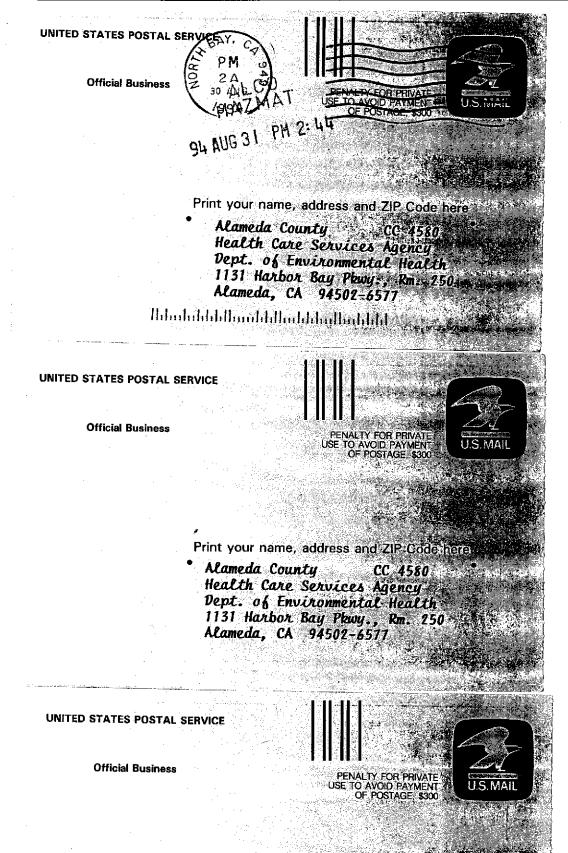
Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

5 -	影的表 :	
2 :	Controlled items 1 and/or 2 for additional services. Controlled items 3, and 4a & b.	I also wish to receive and
	Print your name and address on the reverse of this form so th	following services (for an estimate at we can fee):
	mana) Mids card to you. Arthagh this form to the front of the mailpiece, or on the back	
D 🚆	oes not permit.	
3 .	Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered a	
5 <u>de</u>	elivered.	Consult postmaster for fee.
ġ,	3. Article Addressed to: EC #1828	4a. Article Number P 386 338 371
•	BERNARD QUANTE RO 1098	4b. Service Type ☐ Registered ☐ Insured
	SAN RAFAEL CA 94091	Certified
ġ,	SAY RAIALL CA 7407)	Express Mail Return Receipt for
AUUNESS		Merchandise
Ş		7. Date of Defivery
٦.	Simon (Address of	0(30)94
5. 5.	Signature (Addressee)	Addressee's Address (Only if requeste and fee is paid)
₹ 6.		F
-•	Signature (Agent)	
		2044
Į.	Form 3817, December 1991 &U.S. GPO: 1993—352	P714 DOMESTIC RETURN RECEIP
	· ·	
£ 3	[電影網報: ■	
řŦ	Camplete items 1 and/or 2 for additional services.	I also wish to receive the
	Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the	following services (for an extra
e re	sturn this card to you.	166).
	Attach this form to the front of the mailpiece, or on the back pes not permit.	if space 1. Addressee's Address
•	Write "Return Receipt Requested" on the malipiece below the art	icle number. 2. Restricted Delivery
	The Return Receipt will show to whom the article was delivered a pivered.	Consult postmaster for fee.
	2 Article Addressed to: FC #1979	4a. Article Number
3	S. Article Addressed to: LC RO 1098	P 386 338 367
	EAST BAY ENTERPRISES	4b. Service Type
Ş	A LA AUGGASTAN MALL	Registered Insured
	1221 BROADWAY OTH FLOOR	Certified COD
3	OAKLAND CA 94 ME A	Express Mail Return Receipt for
DUNESS	1221 BROADWAY SOTH FLOOR OAKLAND CA 945 (1)	7. Date of Delivery
2	Eliza .	8-19-94
5.	. Signature (Addressee)	8. Addressee's Address (Only if requeste
5 "	. Oignistato producesco,	and fee is paid)
6.	Siffetul IA centy	
디 (). 보	Milany C. Dans	\triangleright
		1 .
<u> </u>	5 Carrie 1991 1 Daniel 1994	
	8 Form 3811, December 1991 + U.S. GFO: 1993-35	P714 DOMESTIC RETURN MECEN
	8 Form 3811, December 1991 ±U.S. 960: 1993—35	2-714 DOMESTIC RETURN NACES
	S Form 3811, December 1991 + U.S. 940: 1993-353	
3	ENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the
3	Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra
	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 the turn this card to you.	I also wish to receive the following services (for an extra fee):
TOTAL CONTRACT	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 the turn this card to you. Attach this form to the front of the mailpiece, or on the back person to permit.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address
20 e . d .	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 thurn this card to you. Attach this form to the front of the mailpiece, or on the back per not permit. Write "Return Receipt Requested" on the mailpiece below the an	I also wish to receive the following services (for an extra fee): 1. Addressee's Address ticle number.
	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 the turn this card to you. Attach this form to the front of the mailpiece, or on the back person to permit.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address ticle number.
	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 the turn this card to you. Attach this form to the front of the mailpiece, or on the back ses not permit. Write "Return Receipt Requested" on the mailpiece below the and The Return Receipt will show to whom the article was delivered.	I also wish to receive the following services (for an extra fee): 1. \[\sum \] Addressee's Address ticle number. and the date
	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 thitum this card to you. Attach this form to the front of the mailpiece, or on the back ses not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered alivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address cities number and the date 2. Restricted Delivery Consult postmaster for fee.
	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 the trum this card to you. Attach this form to the front of the mailpiece, or on the back ones not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered alivered. 3. Article Addressed to:	I also wish to receive the following services (for an extra fee): 1. Addressee's Address cicle number. 2. Restricted Delivery Consult postmaster for fee.
	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 the turn this card to you. Attach this form to the front of the mailpiece, or on the back bes not permit. Write "Return Receipt Requested" on the mailpiece below the arm The Return Receipt will show to whom the article was delivered solivered. 3. Article Addressed to: EC #1828 C/O CHRISTINE NOMA	I also wish to receive the following services (for an extra fee): 1. Addressee's Address ticle number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 338 369 Service Type Restricted Delivery Consult postmaster for fee.
TO T	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 the form this card to you. Attach this form to the front of the mailpiece, or on the back per not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered ablivered. 3. Article Addressed to: EC #1828 C/O CHRISTINE NOMA KENDALL COLE AND KEN KEEGAN	I also wish to receive the following services (for an extra fee): 1. Addressee's Address ticle number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 338 369 Service Type
TO T	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 this turn this card to you. Attach this form to the front of the mailpiece, or on the back ses not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: EC #1828 C/O CHRISTINE NOMA KENDALL COLE AND KEN KEEGAN 1221 BROADWAY, 20TH FLOOR	I also wish to receive the following services (for an extra fee): 1. Addressee's Address dicte number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 338 369 The Service Type A Restricted Insured COD Express Mail Return Receipt for
TO T	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 the form this card to you. Attach this form to the front of the mailpiece, or on the back per not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered ablivered. 3. Article Addressed to: EC #1828 C/O CHRISTINE NOMA KENDALL COLE AND KEN KEEGAN	I also wish to receive the following services (for an extra fee): 1. Addressee's Address dicte number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 338 369 In Service Type Restricted Insured Cortificat COD Return Receipt for Merchandise
	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 this turn this card to you. Attach this form to the front of the mailpiece, or on the back ses not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: EC #1828 C/O CHRISTINE NOMA KENDALL COLE AND KEN KEEGAN 1221 BROADWAY, 20TH FLOOR	I also wish to receive the following services (for an extra fee): 1. Addressee's Address dicte number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 338 369 The Service Type A Restricted Insured COD Express Mail Return Receipt for
	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 this turn this card to you. Attach this form to the front of the mailpiece, or on the back ses not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered elivered. 3. Article Addressed to: EC #1828 C/O CHRISTINE NOMA KENDALL COLE AND KEN KEEGAN 1221 BROADWAY, 20TH FLOOR	I also wish to receive the following services (for an extra fee): 1. Addressee's Address dicte number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 338 369 In Service Type Restricted Insured Cortificat COD Return Receipt for Merchandise



Print your name, address and ZIP Gode here

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

Complete items 1 and/or 2 for additional services.	I also wish to receive the following services (for an extre
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the 	
return this card to you. Attach this form to the front of the mailpiece, or on the back it	ت والاستنداد و المناصل السال
does not permit. Write "Return Receipt Requested" on the mailplece below the arti The Return Receipt will show to whom the article was delivered a	icle number. 2. Restricted Delivery () Consult postmaster for fee.
delivered. 3. Article Addressed to: EC #1828	4a. Article Number
RO 1098	P 386 338 368
DAVID WENDEL	4b. Service Type
TRUSTEE FOR BETTE MACLEOD TR.	Certified COD
1221 BROADWAY , 20TH FLOOR	Express Mail Return Receipt for Merchandise
OAKLAND CA 94612	7. Date of Delivery
	8-19-94
5. Signature (Addressee)	Addressee's Address (Only if requested and fee is paid)
6. Significante a Syn)
P8 Ferm 3811, December 1991 ±U.S. 0 9: 1993-35	2-714 DOMESTIC RETURN RECEIPT
REMORE:	I also wish to receive the
Contribute items 1 and/or 2 for additional services.	following services (for an extra
Print your name and address on the reverse of this form so that	
Treturn this card to you. Attach this form to the front of the mallpiece, or on the back	
Write "Return Receipt Requested" on the malipiece below the attack was delivered. The Return Receipt will show to whom the article was delivered.	Consult postmaster for ree.
delivered. 3. Article Addressed to:	4a. Article Number P 386 338 370
3. Article Addressed to:	4b. Service Type
HENRY ACHATZ 2000 POWELL ST., STE. 1200	Registered Insured
EVERYVILLE CA 94608	Certified COD
O EMERIVILLE CR 74000	Express Mail Return Receipt for Merchandise
HENRY ACHATZ 2000 POWELL ST., STE. 1200 EMERYVILLE CA 94608	7. Date of Belivery
5. Signature (Addressee)	1 Add to 10 ply if requests
PI /	Addressee's Address (Only if requests and fee is paid)
6. Signature (Abent)	8. Addressee's Address (Only it requests and fee is paid)
1 200	and fee is paid)
6. Signerate (Agent) PS Form 3811, December 1991 ±U.S. GPO: 1993	and fee is paid)
PS Form 3811, December 1991 ±U.s. GPO: 1993-	and fee is paid) 352-714 DOMESTIC RETURN RECENT
PS Form 3811, December 1991 &U.S. GPO: 1993-	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra
PS Form 3811, December 1991 &U.S. GPO: 1993-	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee):
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. \[\sum \text{Addressee's Address} \]
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit.	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address erticle number. 2. Restricted Delivery
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the attach this form to the form to the mailpiece below the attach this form to the second the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form t	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2 Addressee's Address exticle number. 3 and the date Consult postmaster for fee.
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the attach this form to the form to the mailpiece below the attach this form to the second the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form t	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2 Addressee's Address exticle number. 3 and the date Consult postmaster for fee.
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the attach this form to the form to the mailpiece below the attach this form to the second the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form t	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2 Addressee's Address exticle number. 3 and the date Consult postmaster for fee.
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2 Addressee's Address exticle number. 3 and the date Consult postmaster for fee.
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2 Addressee's Address exticle number. 3 and the date Consult postmaster for fee.
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2 Addressee's Address exticle number. 3 and the date Consult postmaster for fee.
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the attach this form to the form to the mailpiece below the attach this form to the second the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form to the mailpiece below the attach the form to the form t	and fee is paid) -352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 4b. Service Type Registered Insured Certified COD Return Receipt for Marchandise 7. Date of Delivery.
PS Form 3811, December 1991 &U.S. GPO: 1993- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.	and fee is paid) 352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2 Addressee's Address exticle number. 3 and the date Consult postmaster for fee.
PS Form 3811, December 1991 &U.S. GPO: 1893- 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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the a to the return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Ken Kegan 1250 Gerald Wenne San Pablo CA 94806	and fee is paid) -352-714 DOMESTIC RETURN RECENT 1 also wish to receive the following services (for an extra fee): 1. Addressee's Address exticle number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 386 4b. Service Type Registered Insured Certified COD Return Receipt for Marchandise 7. Date of Delivery.

UNITED STATES POSTAL SERVICE

Official Business



AUG 22 RECT

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

er ere cameral eres er

UNITED STATES POSTAL SERVICE

Official Business



55 A "

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. 2503 Alameda, CA 94502-6577

UNITED STATES POSTAL SERVICE

Official Business

HAZMAT



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



Print your name, address and ZIP Code here

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

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	following services (for an exist twe can fee):
Print your name and address on the reverse of this form so that the reverse of this form to the front of the mailpiece, or on the back if	space 1. Addressee's Address
ges not permit.	cle number. 2. Restricted Delivery
The Return Receipt will show to whom the article was delivered at diseased.	Consult postmaster for fee. 4a. Article Number
3. Article Addressed to:	P 384 338 455
David Wendel 30th 18	4b. Service Type Registered Insured
1221 Broadway, Will fee	Certified COD Express Mail Return Receipt for
David Wendel 1221 Broadway, 20th place Dakland CA 94612	7. Date of Delivery
5. Signature (Addressee)	8. Addressee's Address (Only if request
weeth January	and fee is paid)
6. Signature (Agent)	· Vari
PS Form 3811, December 1991 xu.s. gPo: 1992-32	3-402 DOMESTIC RETURN MICE
	• • •
SENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the following services (for an exti
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. 	fee):
Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the ar	
 Write "Return Receipt Requested" on the manpiece below the ar- The Return Receipt will show to whom the article was delivered. 	Consult postmaster for fee.
3 Article Addressed to: FA TIROR	4a. Article Number P 386 338 457
Christine homa cotto	
1221 Broadway 20mf	Certified COD
Dakland C4 94612	Express Mail Return Receipt for Merchandise
·	1/14/96
5. Signature (Addressee)	Addressee's Address (Only if request and fee is paid)
6. Signature (Agent)	
PS Form 3811, December 1991 *u.s. GPO: 1992-3	23-402 DOMESTIC RETURN PROCE
PS Form 3011, December 1991 Hold Grown	
SENDER:) also wish to receive t
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 t	following services (for an extent we can fee):
return this card to you. • Attach this form to the front of the mailpiece, or on the back	سمسلماسية والماشان أ
does not permit. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered	and the date 2. Restricted Delivery Consult postmaster for fee.
delivered. 3. Article Addressed to: EC #1828	4a. Article Number
Henry Achat RD 10018	P 386 338 459
2000 poutell #1200	☐ Registered ☐ Insured
Example (A GHODS	Express Mail Return Receipt 1
Henry Achat 2 10018 Zooo powell, #1200 Emeryville CA 94608	7. Date of Delivery
	8. Addressee's Address Only if reque
5 Signature (Addressee)	
3. Article Addressed to: EC #1828 Henry Achatz 7000 powell, #1200 Emeryville CA 94608 5. Signature (Addressee)	and fee is paid)
5. Signature (Addressee)	

UNITED STATES POSTAL SERVICE HAZMAT 94 JAN 19 PM 2: 45 Official Business USE TO AVOID PAYMENT OF POSTAGE, \$300 Print your name, address and ZIP Code here DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISON 80 SWAN WAY, SUITE 200 OAKLAND, CA 94621 79 430 - 4530 UNITED STATES POSTAL SERVICE Official Business LCO PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE \$300 HAZMAT JAN 19 PM 2: 45 Print your name, address and ZIP Code here: DEPARTMENT OF ENVIRONMENTAL HEAL HAZARDOUS MATERIALS DIVISON 80 SWAN WAY, SUITE 200 OAKLAND, CA 94621 430 - 4530 UNITED STATES POSTAL SERVICE PM Official Business 14 JAN 1994 8 Print your name, address and ZIP Code here DEPARTMENT OF ENVIRONMENTAL FLEALTH HAZARDOUS MATERIALS DIVISON

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

Complete Review 1 and/or 2 for additional services.		I also wish to receive the
Remarks in the second A. and 42 & b.		following services (for an expre
New year making and address on the reverse of this form so the care to you.	sat we can	fee):
Attach this form to the front of the mailpiece, or on the back	if space	1. Addressee's Address
es not permit. Write "Return Receipt Requested" on the mailpiece below the a	rticle number.	2. Restricted Delivery
The Return Receipt will show to whom the article was delivered	and the date	Consult postmaster for fee.
livered. 3. Article Addressed to: EC #1828		le Number
20 10018	F	386 338 453
Scott Sommer Ro 10918	4b. Serv	ice Type
20 1. Coursia #1690) Regist	ered Insured
1676 No. California #1696	Certifi	ied
Waln + Creat PA 94696	☐ Expre	ss Mail Heturn Receipt for Merchandise
Walnut Creek CA 94196	7. Date	ied COD ss Mail Return Receipt for Merchandise of Delivery 4-99 essee's Address (Only if requested ee is paid)
	1	1-14-44
. Signature (Addressee)		ssee's Address (Only if requested
	and to	ee is paid)
. Signature (Agent)		
S Form 3841 December 1991 ±u.s. GPO: 1992—	323-402 DC	MESTIC RETURN RECEIPT
S Form 3821 December 1991 &u.s. GPO: 1992—3		I also wish to specific the following services (for an extra
S Form 38211 December 1991 ±U.S. GPO: 1992—3 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 the cond to your	so that we can	I also wish to specific the following services (for an extra
Form 38.71 December 1991 &u.s. GPO: 1992—3 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 return this card to you. Attach this form to the front of the mailpiece, or on the tides not namif	so that we can back if space	I also wish to sective the following services (for an extra fee): 1. \[\sum \] Addressee's Address
S Form 38211 December 1991 \$U.S. GPO: 1992—3 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 or teturn this card to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived.	so that we can back if space the article numbk	I also wish to specific the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
S Form 38211 December 1991 \$U.S. GPO: 1992—3 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 or teturn this card to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived.	so that we can back if space the article numbs ared and the dat	I also wish to seeded the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
S Form 38211 December 1991 \$U.S. GPO: 1992—3 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 or teturn this card to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived.	so that we can back if space the article numbs ared and the dat	I also wish to society the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
S Form 38211 December 1991 \$U.S. GPO: 1992—3 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 or teturn this card to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived.	so that we can back if space the article numbered and the dat 4a. A	I also wish to seedwe the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. P 386 338 454 ervice Type
S Form 38.71 December 1991 au.s. GPO: 1992— 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 return this card to you. Attach this form to the front of the mailpiece, or on the books not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered. 3. Article Addressed to:	that we can back if space the article numbered and the date to the	I also wish to seeding the following services (for an extra fee): 1. Addressee's Addresser. 2. Restricted Delivery Consult postmaster for fee. rticle Number 7 386 338 454 ervice Type gistered Insured
S Form 3821 December 1991 &U.S. GPO: 1992— 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 return this card to you. Attach this form to the front of the mailpiece, or on the it does not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered. 3. Article Addressed to:	so that we can back if space the article numbered and the dat 4a. A 4b. S Re	I also wish to sective the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Tricle Number 7 386 338 454 ervice Type gistered Insured rtified COD
S Form 3821 December 1991 &u.s. GPO: 1992— 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 return this cerd to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered. 3. Article Addressed to: Phyl Wood Phyl Wood Phyl Wood St.	so that we can back if space the article numbered and the date to	I also wish to specific the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 7 386 338 454 ervice Type gistered Insured rtified COD press Mail Return Receipt for Merchandise
S Form 3821 December 1991 &u.s. GPO: 1992— 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 return this card to you. Attach this form to the front of the mailpiece, or on the it does not permit. Write "Return Receipt Requested" on the mailpiece below it. The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Phil Wood Phil Wood GOO Modoc St. Berkeleu (A 94707)	so that we can back if space the article numbered and the date to	I also wish to specific the following services (for an extra fee): 1. Addressee's Addresser. 2. Restricted Delivery Consult postmaster for fee. P 386 338 454 ervice Type gistered Insured rtified COD Return Receipt for Merchandise
S Form 3821 December 1991 &u.s. GPO: 1992— 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 return this card to you. Attach this form to the front of the mailpiece, or on the it does not permit. Write "Return Receipt Requested" on the mailpiece below it. The Return Receipt will show to whom the article was delivered. 3. Article Addressed to: Phil Wood Phil Wood GOO Modoc St. Berkeleu (A 94707)	so that we can back if space the article numbs ared and the dat 4a. A 4b. S Re Re Ex 7. Da	I also wish to sective the following services (for an extra fee): 1. Addressee's Addresser. 2. Restricted Delivery Consult postmaster for fee. rticle Number 386 338 454 ervice Type gistered Insured rtified COD Press Mail Return Receipt for Merchandise
S Form 3871 December 1991 &u.s. GPO: 1992— 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 return this card to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below to the Return Receipt will show to whom the article was delived delivered. 3. Article Addressed to: Phy Wood Phy Wood GO Modoc St. Berkeley CA 94707	so that we can back if space the article numbered and the date that the	I also wish to sective the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 7 386 338 454 ervice Type gistered Insured rtified COD press Mail Return Receipt for Marchandise the of Delivery Consult request
S Form 3871 December 1991 &u.s. GPO: 1992— 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 return this card to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below to the Return Receipt will show to whom the article was delived delivered. 3. Article Addressed to: Phy Wood Phy Wood GO Modoc St. Berkeley CA 94707	so that we can back if space the article numbered and the date that the	I also wish to sective the following services (for an extra fee): 1. Addressee's Addresser. 2. Restricted Delivery Consult postmaster for fee. rticle Number 386 338 454 ervice Type gistered Insured rtified COD Press Mail Return Receipt for Merchandise
S Form 3871 December 1991 &u.s. GPO: 1992— 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 return this card to you. Attach this form to the front of the mailpiece, or on the todoes not permit. Write "Return Receipt Requested" on the mailpiece below to the Return Receipt will show to whom the article was delived delivered. 3. Article Addressed to: Phy Wood Phy Wood GO Modoc St. Berkeley CA 94707	so that we can back if space the article numbered and the date that the	I also wish to sective the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. rticle Number 7 386 338 454 ervice Type gistered Insured rtified COD press Mail Return Receipt for Marchandise the of Delivery Consult request

UNITED STATES POSTAL SERVICE

Official Business

HAZMAT AN 18 PH 2: : PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE \$300



Print your name, address and ZIP Code here

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

Official Business IN 1994



Print your name, address and ZIP Code here

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISON
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621