DAVID J. KEARS, Agency Director

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

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # PSG7 604 207

03/19/92 STID# 3715

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

Notice of Requirement to Reimburse

John Berry

2236 Mariner Sq. Dr. Alameda, C A 94501 Responsible Party #1 Property Owner

Scott Smithers Paragon Alameda Gateway Assoc 3 Lagoon Dr. #220 Redwood City, C A 94065

Responsible Party #2 Contact Person Contact Company

Mariner Square 1TD. 2204 Mariner Square Alameda, CA 94501

SITE

Date First Reported 11/15/88

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 Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief Contract Project Director

Sandra Malos, SWRCB

SWRCB Use: Add: X Reason: New Case

P 367, 604, 207

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL (See Reverse)

± U.S.G.P.O. 1989-234-555	Sent to Scott Smothers		
1989-2	Street and No. 7 220		
6.G.P.O	PO State and ZIP Code	A 94065	R)
% U.S	Postage	S	4000
	Certified Fee		1
PS Form 3800, June 1985	Special Delivery Fee		37 (2
	Restricted Delivery Fee		1
	Return Receipt showing to whom and Date Delivered		
	Return Receipt showing to whom, Date, and Address of Delivery		
	TOTAL Postage and Fees	32.29	
	Postmark or Date	8	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4. Put your address in the "RETURN TO" Space on the reverse alda, Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested for fees and check box(es) for additional service(s) requested 2. [Extra charge)				
3. Article Addressed to: Ship # 8715 Paragon Alamata Catensay Ass. Attive Scott Smothers 3. Lagor Dr. # 220	4. Article Number PSG 604 7CC Type of Service: Registered Insured C Certified COD Express Mall Tor Merchandise			
Redused Coby, CA 19065	Always obtain signature of addressee or agent and DATE DELIVERED.			
5. Signature — Agenit X 7. Date of Delivery	8. Addresse a Address (ONLY If requested and fee paid)			
P8 Form 3811, Mar. 1988 + U.S.G.P.O. 1988-212-865 - DOMESTIC RETURN RECEIPT				

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 604 206

AGENCY

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Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 367 604 206

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

Street and No 2236 Moruna Sq. Dr.		
PO State and ZIP Code (A 9450)		
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	2.29	
Return Receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date	° 6 1882	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Fallure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster to and the date of delivery. For additional service(s) requested. To fees and check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's address. (Extra charge)			
3. Article Addressed to: Sho# 3715	4. Article Number P367 604 206		
John Berry 2286 Mainer Sq. Dr.	Type of Service: Registered Insured Cortified COD Return Receipt for Merchandise		
Alamada, CA 44501	Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)		
6. Signature - Agent X Man Leversh			
7. Date of Delivery 3-77-91	POTUDA DECEMB		
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-21	2-865 DOMESTIC RETURN RECEIPT		