

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Certified Mail # P 072 565 829

02/25/93  
STID# 3729

**Notice of Requirement to Reimburse**

Richard Dodge  
n/a  
1120 Walker Ave  
Walnut Creek, CA 94596

Responsible Party  
Property Owner

Dutch Pride Dairy  
7400 Amador Valley Blv  
Dublin, CA 94568

SITE

Date First Reported 01/11/90  
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*  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

CHANGE X Reason: Delete RP# 2

072 565 829

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(SS) #3729 (See Reverse)

Sent to	
<b>Richard Dodge</b>	
Street and No.	
<b>1120 Walker Avenue</b>	
City, State and ZIP Code	
<b>Walnut Creek CA 94596</b>	
Postage	\$
Certified Fee	
Carrier Delivery Fee	
Post Office Delivery Fee	
Post Office Showing	
Post Office Delivered	
Post Office Showing to whom	
Post Office Address of Delivery	
Total Postage and Fees	\$
Postmark or Date	

PS Form 3800 JUN 73 1983

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 303

01/21/93  
STID# 3729

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**

Richard Dodge  
n/a  
1120 Walker Ave  
Walnut Creek, C A 94596

Responsible Party #1  
Property Owner

John Warmerdam  
N/a  
2863 Grande Camino  
Walnut Creek, C A 94509

Responsible Party #2  
Contact Person  
Contact Company

Dutch Pride Dairy  
7400 Amador Valley Blv  
Dublin, CA 94568

SITE

Date First Reported 01/11/90  
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.

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

cc: Sandra Malos, SWRCB

SWRCB Use:  CHANGE : X Reason: Add RP#2

P 113 815 303

916



**Receipt for Certified Mail**

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

(EC)

UNITED STATES POSTAL SERVICE  
#3729

Sent to		<b>Richard Dodge</b>
Street and No		<b>1120 Walker Ave.</b>
P O , State and ZIP Code		<b>Walnut Creek CA 94596</b>
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



Certified Mail # P113 815 304

01/21/93  
STID# 3729

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**

Richard Dodge  
n/a  
1120 Walker Ave  
Walnut Creek, C A 94596

Responsible Party #1  
Property Owner

John Warmerdam  
N/a  
2863 Grande Camino  
Walnut Creek, C A 94509

Responsible Party #2  
Contact Person  
Contact Company

Dutch Pride Dairy  
7400 Amador Valley Blv  
Dublin, CA 94568

SITE

Date First Reported 01/11/90  
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.

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

cc: Sandra Malos, SWRCB

SWRCB Use:

CHANGE : X Reason: Add RP#2

P 113 815 304



**Receipt for Certified Mail**

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

(EC) #3729

Sent to	
John Warmerdam	
Street and No	
2863 Grande Camino	
P.O. State and ZIP Code	
Walnut Creek CA 94509	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 247

03/23/92  
STID# 3729

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

**Notice of Requirement to Reimburse**

Richard Dodge

1120 Walker Ave  
Walnut Creek, C A 94596

Responsible Party  
Property Owner

Dutch Pride Dairy  
7400 Amador Valley Blv  
Dublin , CA 94568

SITE Date First Reported 01/11/90  
Substance: Gasoline  
Petroleum: (X)Yes

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

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

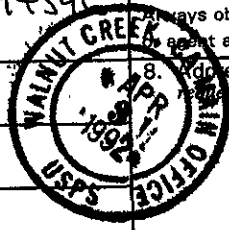
SWRCB Use:

Add: X Reason: New Case

eu

● **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. 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.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge) 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: <b>SHD # 3729</b>  <b>Richard Dodge</b> <b>1120 Walker Av</b> <b>Walnut Creek, CA 94596</b>	4. Article Number <b>P 367 604 247</b>  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address <b>X</b> <i>Richard Dodge</i>	
6. Signature - Agent <b>X</b>	
7. Date of Delivery	
8. Addressee's Address (ONLY if registered and fee paid) Always obtain signature of addressee agent and DATE DELIVERED.	



PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**P 367 604 247**  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

U.S.G.P.O. 1989-234-555          PS Form 3800, June 1985	Sent to	<b>Richard Dodge</b>
	Street and No	<b>1120 Walker Av</b>
	P.O. State and ZIP Code	<b>Walnut Creek, CA 94596</b>
	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	\$ <b>2.29</b>
Postmark or Date	<b>JUN 5 1988</b>	

**SHD # 3729**



In 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: (EC) #3729  
 RO 1148  
 John Warmerdan  
 2863 Grande Camino  
 Walnut Creek CA 94509

4a. Article Number  
 P 113 815 304

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

7. Date of Delivery  
 2/13/93

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

In 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: (EC) #3729  
 RO 1148  
 Richard Dodge  
 1120 Walker Ave  
 Walnut Creek CA 94596

4a. Article Number  
 P 113 815 303

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

7. Date of Delivery  
 1/26/93

5. Signature (Addressee)

6. Signature (Agent)  
*[Signature]*

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

In 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.
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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: (SS) #3729  
 RO 1148  
 Richard Dodge  
 1120 Walker Ave.  
 Walnut Creek CA 94596

4a. Article Number  
 P 072 565 829

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

Date of Delivery

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

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

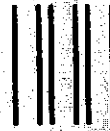
PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530 **DOMESTIC RETURN RECEIPT**



Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



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



93 FEB -4 PM 12:35

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



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



93 JAN 27 PM 12:45

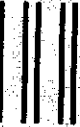
Print your name, address and ZIP Code here

DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION

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

UNITED STATES POSTAL SERVICE

Official Business



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



93 MAR -8 PM 12:20

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