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 #

09/15/93 STID# 401

Notice of Requirement to Reimburse

n/a Joan Mayhew Beales 24 North Terrace Tiburon, California 94920

Responsible Party #1
Property Owner

Nancy Vukelich Chevron U. S. A. Products Co. P. O. Box 5004 San Ramon, California 94583

Responsible Party #2 Contact Person Contact Company

Chevron Service Sta #9-0338 5500 Telegraph Ave Oakland, CA 94609

SITE

Date First Reported 09/15/89

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 The direct and indirect costs of site investigation or storage tanks. 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 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: Lori Casias, SWRCB

SWRCB Use:

Change : X Reason: New Info. Delete RP#3

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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 113 815 126

07/21/92 STID# 401 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

Joan Mayhew Beales 24 North Terrace Tiburon, California 94920 Responsible Party #1 Property Owner

Anne M. Pfau 2998 Vallejo Street San Francisco, Ca 94123 Responsible Party #2 Contact Person Contact Company

Chevron Service Sta #9-0338 5500 Telegraph Ave. Oakland, CA 94609

SITE

Date First Reported 09/15/89

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LEdgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

07/21/92

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 401 Chevron Service Sta #9-0338 5500 Telegraph Ave. Oakland, CA 94609 Date First Reported 09/15/89 Substance: Gasoline Petroleum (X) Yes

Joan Mayhew Beales 24 North Terrace Tiburon, California 94920 Responsible Party #1 Property Owner

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Responsible Party #3 Contact Person Contact Company ALAMEDA COUNTY HEALTH CARE SERVICES **AGENCY** DAVID J. KEARS, Agency Director State Water Resources Control Board Division of ean Water Programs UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

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

March 23, 1992

The attached "Notice of Reimbursement" is not a bill. It is required by our contract with the State Water Resouces Control Board that we send this letter to all responsible parties involved in a leaking petroleum underground tank site. You fall into the following category:

You (or your contractor/consultant) deposited funds for us to use to oversee the tank removal followed by the cleanup. Your case has been transfered to the Alameda County Local Oversight Program. This will involve your being billed after after the work has been accomplished. It is directed to all responsible parties as the law requires all operators and owners to be notified.

We will continue to work with you to resolve the site remediation in progress.

If you still have any question please call this office at 271-4530 and ask for the specialist noted in the attached notice.

. Sincerely,

Thomas F. Peacock, Supervising HMS

Hazardous Material Division

SENDER: Complete items 1 and/or 2 for additional secondlete items 3, and 4a & b. Print your name and address on the reverse turn this card to you. Attach this form to the front of the mailpie does not permit. Write "Return Receipt Requested" on the mail.	e of this form so that ce, or on the back if	f space 1. Addressee's Address
The Return Receipt will show to whom the ardelivered. 3. Article Addressed to:	ticle was delivered ar	nd the date Consult postmaster for fee.
(SH) #401	4a. Article Number P 113 815 126
Anne M. Pfau 2998 Vallejo St.		4b. Service Type Registered Insured
San Francisco, CA 94123	123	Certified COD
	1	Express Mail Return Receipt for Merchandise
		7. Date of Delivery
. Signature (Addressee)		Addressee's Address (Only if requested and fee is paid)
. Signature (Agent)	2	

Anne M. Pfau
Anne M. Pfau
2998 Vallejo Street
San Francisco, CA 94123

Hazardous Materials Program 80 Swan Way, Rm. 200 Oakland, CA 94621

HEALTH CARE SERVICES AGENCY

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 #

P113 815127

07/21/92 STID# 401 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

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Anne M. Pfau 2998 Vallejo Street San Francisco, Ca 94123 Responsible Party #2 Contact Person Contact Company

Chevron Service Sta #9-0338 5500 Telegraph Ave. Oakland, CA 94609

SITE

Date First Reported 09/15/89

Substance: Gasoline Petroleum: (X) Yes

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LEdgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

LIST OF RESPONSIBLE PARTIES FOR

SITE

StID: 401 Chevron Service Sta #9-0338 5500 Telegraph Ave. Oakland, CA 94609 Date First Reported 09/15/89 Substance: Gasoline Petroleum (X) Yes

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Nancy Vukelich Chevron U. S. A. Products Co. P. O. Box 5004 San Ramon, California 94583

Responsible Party #3 Contact Person Contact Company

P 113 815 127

Receipt for Certified Mail No Insurance Covers

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

Sent to Nancy Vukelich Street and No P.O. Box 5004 P.O., State and ZIP Code San Ramon, CA 94583 Ś 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 \$ 3800, Postmark or Date

(SH) #401

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 113 815 124

07/21/92 STID# 401 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

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Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

LIST OF RESPONSIBLE PARTIES FOR

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401 stID: Chevron Service Sta #9-0338

5500 Telegraph Ave. Oakland, CA 94609

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Responsible Party #2 Contact Person Contact Company

Responsible Party #3 Contact Person Contact Company

P 113 815 124 Receipt for Certified Mail No Insurance Coverage Provided Do not use for International Mail (See Reverse) (SH) #401 Joan Mayhew Beales Street and No. 24 North Terrace P.O., State and ZIP Code
Tiburon, CA 94920 \$ 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 3800, Postmark or Date

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 113 815 126

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LEdgar B. Howell, III, Chief Contract Project Director

Sandra Malos, SWRCB

SWRCB Use:

Board.

ALAMEDA COUNTY - DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

07/21/92

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Responsible Party #2

Responsible Party #3 Contact Person Contact Company

San Ramon, Callfornia 94583	Contact Company
Thank you for using Return Receipt Service.	Thank you for using Return Receipt Service,
we can feel: space 1. Addressee's Address space 1. Addressee's Address space 2. Restricted Delivery the date Consult postmaster for fee. 4a. Article Number P. 113, 815, 124 4b. Service Type Experiend Insured Consult Postmaster for fee. Ab. Service Type Consult postmaster for fee. P. 113, 815, 124 Consult postmaster for fee. Ab. Article Number P. 103, 815, 124 Ab. Service Type Consult postmaster for fee. P. 103, 815, 124 Ab. Service Type Consult postmaster for fee. Consult postmaster for fee. Ab. Service Type Consult postmaster for fee.	we can following services (for an extra fee): space 1.
additional services. If the mailpiece, or on the back if space of the mailpiece below the article num whom the article was delivered and the data of	verse of this form so that we alipiece, or on the back if spa he article nut article was delivered and the article was delivered and the strick Co.
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P 113 815 126

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

(SH) #401 Anne M. Pfau Street and No
2998 Vallejo St.

P.O., State and ZIP Code
San Francisco CA 94123 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered PS Form **3800,** June 1991 Return Receipt Showing to Whom, Date, and Addressee's Address TOTAL Postage \$ & Fees Postmark or Date