

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAA 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 # 113 815 435

05/25/93  
STID# 590

**Notice of Requirement to Reimburse**

Dan Kirk  
Shell Oil Company  
P.O. Box 5278  
Concord, Ca 94520-9998

Responsible Party  
Property Owner

Alameda Shell  
2160 Otis Dr.  
Alameda, CA 94501

SITE

Date First Reported 06/15/87  
Substance: Waste Oil  
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 Juliet M SHIN, 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~~ Deleted over R.P.

P 113 815 435



**Receipt for Certified Mail**

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

PS Form 3800, June 1991

Sent to	
Street and No	
P.O., State and ZIP Code	
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	

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 367 604 060

03/27/92  
STID# 590

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

**Notice of Requirement to Reimburse**

Harsh Investment Corp  
P O Box 2708  
Portland, Or 97208

Responsible Party #1  
Property Owner

Kurt Miller  
Shell Oil Co.  
P O Box 5278  
Concord, C A 94520-9998

Responsible Party #2  
Contact Person  
Contact Company

Alameda Shell  
2160 Otis Dr.  
Alameda, CA 94501

SITE

Date First Reported 06/15/87  
Substance: Waste Oil  
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

*ll*

P 367 604 060  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL **STTD 590**  
 (See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>HARSH INVEST. CORP</b>	
Street and No. <b>P.O. Box 2708</b>	
P.O., State and ZIP Code <b>PORTLAND OR 97208</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	\$
Postmark or Date	



Certified Mail # P 367 604061

03/27/92  
STID# 590

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

**Notice of Requirement to Reimburse**

Harsh Investment Corp  
P O Box 2708  
Portland, Or 97208

Responsible Party #1  
Property Owner

Kurt Miller  
Shell Oil Co.  
P O Box 5278  
Concord, C A 94520-9998

Responsible Party #2  
Contact Person  
Contact Company

Alameda Shell  
2160 Otis Dr.  
Alameda, CA 94501

SITE

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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

*ll*

STID # 590 33

**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.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**HARSH INVESTMENT CORP.**  
**P.O. Box 2708**  
**PORTLAND, OR 97208**

4. Article Number  
**P367 604 060**

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address  
**X**

6. Signature - Agent  
**X** *P. Dillard*

7. Date of Delivery  
**APR 09 1988**

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-665 DOMESTIC RETURN RECEIPT

STID # 590 33

**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.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**KURT MILLER**  
**SHELL OIL Co.**  
**P.O. Box 5278**  
**CONCORD, CA 94520-9998**

4. Article Number  
**P367 604 061**

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Address  
**X**

6. Signature - Agent  
**X** *J. Baker*

7. Date of Delivery  
**4-10-92a**

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

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-665 DOMESTIC RETURN RECEIPT

**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse) STID # 590

Sent to	<b>KURT MILLER</b>
Street and No.	<b>SHELL OIL Co.</b>
P.O. State and ZIP Code	<b>P.O. Box 5278</b>
	<b>CONCORD, CA 94520-9998</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	\$
Postmark or Date	

\* U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

RO2893

CLOSED.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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: #590 B. Chan  
*RO 28 93*  
 Alex Perez  
 Shell Oil Products  
 P.O. Box 8080  
 Martinez CA 94553

4a. Article Number  
 P 143 588 426

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

7. Date of Delivery  
*3/19/98*

5. Received By: (Print Name)  
*Baker*

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

6. Signature: (Addressee or Agent)  
*Baker*  
 X

Thank you for using Return Receipt Service.