

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 386 338 485

02/15/94
STID# 4020

Notice of Requirement to Reimburse

Jon Amdur
Port Of Oakland Environmental
530 Water St.
Oakland C A 94607

Responsible Party #1
Property Owner

Harry Patterson
Union Pacific Railroad Co.
1416 Dodge St., Rm 930
Omaha N E 68179

Responsible Party #2
Contact Person
Contact Company

Union Pacific Railroad
1717 Middle Harbor
Oakland, CA 94607

SITE

Date First Reported 06/05/93
Substance: Diesel
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 Jennifer EBERLE, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

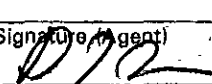
Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New

Is 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 following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: Jon Amdur Port of Oakland Environmental 530 Water Street Oakland, CA 94607 STID# 4020 | | 4a. Article Number P 386 338 485 | |
| | | 4b. Service Type <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 | |
| | | 7. Date of Delivery 2/24/84 | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Agent)  | | | |

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

P 386 338 485



Receipt for Certified Mail

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

PS Form 3800, June 1991

| | | |
|---|----------------------|-------|
| Sent | Jon Amdur | |
| Street | Port of Oak Environ. | |
| P.O. Box or State or Code | 530 Water Street | |
| Postage | Oakland, CA | 94607 |
| | STID# 4020 | \$ |
| Certified Fee | JE | |
| 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



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # 386 338 486

02/15/94
STID# 4020

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

Jon Amdur
Port Of Oakland Environmental
530 Water St.
Oakland C A 94607

Responsible Party #1
Property Owner

Harry Patterson
Union Pacific Railroad Co.
1416 Dodge St., Rm 930
Omaha N E 68179

Responsible Party #2
Contact Person
Contact Company

Union Pacific Railroad
1717 Middle Harbor
Oakland, CA 94607

SITE

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Petroleum: (X)Yes

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Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: Add : X Reason: *New*

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SENDER:

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- 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:
 Harry Patterson
 Union Pacific RR Co.
 1416 Dodge ST., Rm930
 Omaha, N E 68179
 STID# 4020

4a. Article Number
 P 386 338 486

4b. Service Type

| | |
|---|---|
| <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 |

7. Date of Delivery

5. Signature (Addressee)
M.J.M.

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

6. Signature (Agent)
FEB 23 1994

PS Form 3811, December 1991 U.S. GPO: 1992-33-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 386 338 486



Receipt for Certified Mail

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

| | |
|--|--------------|
| Sent to Harry Patterson | |
| Street Union Pacific RR Co. | |
| P.O. State and ZIP Code 1416 Dodge St., Rm 930 Omaha N E 68179 | |
| Postage STID 4020 | \$ JE |
| 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