

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-933

Certified Mail # P 143 588 368
07/23/96
STID# 4072

Notice of Requirement to Reimburse

Bob Zimmerman
Roadway Express
1077 Gorge Blvd.
Akron O H 44310

Responsible Party (RP)
Property Owner

Roadway Express
1708 Wood St
Oakland, CA 94607

SITE

Date First Reported 07/23/96
Substance: Diesel
Petroleum: (X)Yes
Source: F

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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced 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 SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

Reimburse Letter
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Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408. Please contact Eberle, Jennifer, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.


Gordon Coleman, Acting Chief
Contract Project Director

c: Lori Casias, SWRCB

Please Circle One Add Delete Change

Reason: new



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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: STID 4072 J.E. <div style="text-align: center;"> BOB ZIMMERMAN ROADWAY EXPRESS 1077 GORGE BLVD. AKRON, OH 44310 </div>	4a. Article Number <div style="text-align: center;"> P 143 588 368 </div>	
5. Received By: <i>(Print Name)</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature <i>(Addressee or Agent)</i> <div style="text-align: center;"> </div>		7. Date of Delivery <div style="text-align: center;"> 7-29 </div>
PS Form 3811 , December 1994		8. Addressee's Address <i>(Only if requested and fee is paid)</i> <div style="text-align: right;"> Domestic Return Receipt </div>

Thank you for using Return Receipt Service

STID 4072
P 143 588 368

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to		BOB ZIMMERMAN
Street & Number		1077 GORGE BLVD.
Post Office, State, & ZIP Code		AKRON, OH 44310
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees		\$
Postmark or Date		

PS Form 3800, April 1995