

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 196 176 853

06/13/95  
STID# 3998

ALAMEDA COUNTY-ENV. HEALTH DEPT.  
ENVIRONMENTAL PROTECTION DIV.  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577  
(510)567-6700

Notice of Requirement to Reimburse

Mr. Ignacio Dayrit  
City Of Emeryville  
2200 Powell, 12th Floor  
Emeryville, California 94608

Responsible Party  
Property Owner

City of Emeryville Fire St. #2  
6303 Hollis St  
Emeryville , CA 94608

SITE Date First Reported 05/31/95  
Substance: Gasoline  
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 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 State Water Resources Control Board.

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

Mee Ling Tung, Acting Chief  
Contract Project Director

cc: Mike Harper, SWRCB

Add: YES Reason: NEW CASE  
Delete: \_\_\_\_\_ Reason: \_\_\_\_\_  
Change: \_\_\_\_\_ Reason: \_\_\_\_\_

Your RETURN ADDRESS completed on the reverse side.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Write 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: **S. Hugo #3998**

**Mr. Ignacio Dayrit  
City of Emeryville  
2200 Powell, 12th Floor  
Emeryville CA 94608**

4a. Article Number  
**Z 196 176 853**

4b. Service Type

Registered       Insured

Certified       COD

Express Mail       Return Receipt for Merchandise

7. Date of Delivery  
**6-29-95**

5. Signature (Addressee)

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

6. Signature (Agent)  
*Deanne Wade*

PS Form 3811, December 1991 U.S. GPO: 1993-312-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

#3998  
S. Hugo Z 196 176 853



**Receipt for Certified Mail**

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

PS Form 3800, March 1993

Sent to <b>Ignacio Dayrit</b>	
Street and No. <b>2200 Powell, 12th Floor</b>	
P.O. Box and ZIP Code <b>Emeryville CA 94608</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	