## ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY



DAVID J. KEARS, Agency Director

Certified Mail # P 113 815 356

02/05/93 STID# 988

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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

Notice of Requirement to Reimburse

Kurt Miller Shell Oil Company P.o. Box 5278 Concord, Ca 94520

Bob Farrell Bob Farrell Shell 1285 Bancroft Avenue San Leandro, Ca 94577

Bob Farrell Shell 1285 Bancroft Ave. San Leandro, CA 94577 SITE

Responsible Party #1

Responsible Party #2

Property Owner

Contact Person

Contact Company

Date First Reported 10/17/89 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 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 Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

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Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

| • Complete Rams 1 and/or 2 for additional services.<br>• Complete Items 3, and 4a & b.<br>• Print your name and address on the reverse of this form ao<br>return this card to you.<br>• Attach this form to the front of the mailplece, or on the bac<br>does not permit.<br>• Write "Return Receipt Requested" on the mailplece below the<br>• The Return Receipt will show to whom the article was delivere<br>delivered. | k if space 1. Addressee's Address<br>article number 2. Restricted Delivery<br>d and the date Consult postmaster for fee.   |
|---|--|
| 3. Article Addressed to: (SS) #988<br>Kurt Miller<br>Shell Oil Company<br>P.O. Box 5278<br>Concord CA 94520   | 4a. Article Number   P 113 815 356   4b. Service Type   ☐ Registered ☐ Insured   XX Certified ☐ COD   ☐ Express Mail ☐ Return Receipt from Merchandise   7. Date of Belivery 2/13/93 |
| 5. Signature (Addressee)<br>6. Signature (Agent)<br>Badd Harris 1991 A USGRO 1999   | 8. Addressee's Address (Only if request<br>and fee is paid)  |

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RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DAVID J. KEARS, Agency Director

HEALTH CARE SERVICES

Certified Mail # P 113 815 357

AGENCY

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|  | Sent to Bob Farre  |  |                                    |  |
|--|--|--|------------------------------------|--|
|  | Street and No.   |  |                                    |  |
|  | P.O., State and ZIP Code<br>San Leand  |  | 1ue                                |  |
|  | Postage  | \$   |                                    |  |
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| 1661   | Return Receipt Showing   |  |                                    |  |
|  | to Whom & Date Drivered<br>Return Receipt Showing to Wi  | hom,   |                                    |  |
| June   | Date, and Addressee's Addres   | \$   |                                    |  |
| 3800,  | & Fees<br>Postmark or Date   | \$   |                                    |  |
| PS Form  | e e e e  | · · · ·  |                                    |  |
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| SERICISE:<br>• Complete items 1 and/or 2 for<br>• Complete items 3, and 4a & b<br>• Print your name and address of<br>return this card to you.<br>• Attach this form to the front of   | ).<br>on the reverse of this form s<br>of the mailpiece, or on the b<br>ed" on the mailpiece below th  | ack if space<br>e article number.  | following<br>fee):<br>1. 🔲<br>2. 🔲 | services (for an ext   |
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| SERIDER:<br>• Complete items 1 and/or 2 for<br>• Complete items 3, and 4a & t<br>• Print your name and address of<br>return this card to you.<br>• Attach this form to the front a<br>does not permit.<br>• Write "Return Receipt Will show to<br>delivered.<br>3. Article Addressed to:   | b.<br>on the reverse of this form s<br>of the mailpiece, or on the b<br>ed" on the mailpiece below th<br>o whom the article was deliver                              | ack if space<br>e article number.<br>red and the date<br>4a. Art<br><u>P 1</u><br>4 <u>b</u> . Ser               | following<br>fee):<br>1            | services (for an ext<br>Addressee's Address<br>Restricted Delivery<br>postmaster for fee.  |
| SERUCER:<br>• Complete items 1 and/or 2 for<br>• Complete items 3, and 4a & t<br>• Print your name and address of<br>return this card to you.<br>• Attach this form to the front of<br>does not permit.<br>• Write "Return Receipt Request<br>• The Return Receipt will show to<br>delivered.<br>3. Article Addressed to:<br>Bob Farrell<br>Bob Farrell                  | o.<br>on the reverse of this form s<br>of the mailpiece, or on the b<br>ed" on the mailpiece below th<br>o whom the article was delive<br>(SS) #988                  | ack if space<br>e article number.<br>red and the date<br>4a. Art<br><u>P 1</u><br>4b. Ser<br>Regi                | following<br>fee):<br>1            | services (for an exit<br>Addressee's Address<br>Restricted Delivery<br>postmaster for fee.<br>as<br>357  |
| SERUCER:<br>• Complete items 1 and/or 2 for<br>• Complete items 3, and 4a & t<br>• Print your name and address of<br>return this card to you.<br>• Attach this form to the front of<br>does not permit.<br>• Write "Return Receipt Request<br>• The Return Receipt will show to<br>delivered.<br>3. Article Addressed to:<br>Bob Farrell<br>Bob Farrell                  | on the reverse of this form s<br>of the mailpiece, or on the b<br>ed" on the mailpiece below th<br>o whom the article was deliver<br>(SS) #988<br>She11<br>ft Avenue | ack if space<br>e article number.<br>red and the date<br>4a. Art<br>P 1<br>4b. Ser<br>Regi<br>XX Cert            | following<br>fee):<br>1            | services (for an exit<br>Addressee's Address<br>Restricted Delivery<br>bostmaster for fee.<br>or<br>357<br>Insured<br>COD<br>Return Receipt for  |
| SERUCER:<br>• Complete items 1 and/or 2 for<br>• Complete items 3, and 4a & t<br>• Print your name and address of<br>return this card to you.<br>• Attach this form to the front of<br>does not permit.<br>• Write "Return Receipt Request<br>• The Return Receipt will show to<br>delivered.<br>3. Article Addressed to:<br>Bob Farrell<br>Bob Farrell                  | on the reverse of this form s<br>of the mailpiece, or on the b<br>ed" on the mailpiece below th<br>o whom the article was deliver<br>(SS) #988<br>She11<br>ft Avenue | ack if space<br>e article number.<br>red and the date<br>4a. Art<br>P 1<br>4b. Ser<br>Regi<br>XCert<br>Expr      | following<br>fee):<br>1            | services (for an ext<br>Addressee's Address<br>Restricted Delivery<br>bostmaster for fee.<br>357<br>Insured<br>COD<br>Return Receipt for<br>Merchandise  |
| SERIORS:<br>• Complete items 1 and/or 2 for<br>• Complete items 3, and 4s 5 to<br>• Print your name and address of<br>return this card to you.<br>• Attach this form to the front of<br>does not permit.<br>• Write "Return Receipt Request<br>• The Return Receipt will show to<br>delivered.<br>3. Article Addressed to:<br>Bob Farrell<br>Bob Farrell<br>1285 Bancro: | on the reverse of this form s<br>of the mailpiece, or on the b<br>ed" on the mailpiece below th<br>o whom the article was deliver<br>(SS) #988<br>She11<br>ft Avenue | ack if space<br>e article number.<br>red and the date<br>4a. Art<br>P 1<br>4b. Ser<br>Regi<br>XCert<br>Expr      | following<br>fee):<br>1            | services (for an ext<br>Addressee's Address<br>Restricted Delivery<br>bostmaster for fee.<br>357<br>Insured<br>COD<br>Return Receipt for<br>Merchandise  |
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