

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)337-9335
(510) 337-9335

Certified Mail # 143 588 337
06/18/96
STID# 5814

Notice of Requirement to Reimburse

Ms. Sandra Hudson
The Edward Pike Co.
2 Theater Square Ste. 215
Orinda, C A 94563

Responsible Party (RP) #1
Property Owner

~~Mc Murray~~
Mc Morgan And Co.
1 Bush St.
San Francisco, C A 94105

Responsible Party (RP) #2

Precision Trucking School
444 Hegenberger Loop
Oakland, CA 94621

SITE

Date First Reported 06/14/96
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 (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 (RPs) 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
06/18/96
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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 Barney CHAN, 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 Site

#5814 P 143 588 337

BC

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

| | |
|---|----|
| Sent to Mr. Pat Murray | |
| McMorgan and Co. | |
| Street & Number | |
| 1 Bush Street | |
| Post Office, State, & ZIP Code | |
| San Francisco CA 94105 | |
| 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

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| Sent to | | Ms. Sandra Hudson |
| Street & Number | | The Edward Pike Co. 2 Theater Square Ste 215 |
| Post Office, State, & ZIP Code | | Orinda CA 94563 |
| 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