ALAMEDA COUNTY HEALTH CARE SERVICES







DAVID J. KEARS, Agency Director

Certified Mail # P 143 589 334 11/08/96 STID# 866

ENVIRONMENTAL HEALTH SERVICES **ENVIRONMENTAL PROTECTION (LOP)** 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

Notice of Requirement to Reimburse

Mr. Bob Barber Owens Illinois Glass Container 3600 Alameda Ave. Oakland C A 94601

Owens Prockway Glass 3600 da Ave Oakland , CA 94601

Responsible Party (RP) Property Owner

SITE

Date First Reported 03/12/87

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.

Report: ReImbB 9/95

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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

Please Circle One

.dd) Delete Change

Reason:

New Site

c: Lori Casias, SWRCB

Barney Chan, Hazardous Materials Specialist

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

May 22, 1996

Dear Sir:

The attached "Notice of Reimbursement" is not a bill. It is required by our contract with the State Water Resources Control Board that we send this letter to all responsible parties involved in a leaking petroleum underground tank site. You will fall into the following category:

You (or your contractor/consultant) deposited funds for us to use to oversee the tank removal followed by the cleanup. Your case has been transferred to the Alameda County Local Oversight Program. This will involve your being billed after the work has been accomplished. It is directed to all responsible parties as the law requires all operators and owners to be notified.

We will continue to work with you to resolve the site remediation in progress.

If you still have any questions, please call this office at (510) 567-6700 and ask for the specialist noted in the attached notice.

Sincerely,

Thomas F. Peacock, Supervising HMS

Environmental Health Services

P 143 589 334

STID*¢¢

US Postal Service STID*¢¢

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

	Mr. Bob Barber Standard Cont. 3600 Alameda Ave. Oak Pakk , ZIP CA 94601			
	Postage	\$		
800, April 1995	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	\$		
S Form 3800	Postmark or Date			

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

difficult name, address, and ZIP Code in this box •
Barney Chan

96 NOV 15 PM 3: 42

Alameda County CC4580 Environmental Health Services 1131 Harbor Bay Pkwy., #250 Alameda CA 94502-6577

				K0287	
on the reverse side?	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 'Beturn Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date		I also wish to receive the following services (for an extra fee):		eceipt Service.
ls your <u>RETURN ADDRESS</u> completed on	3. Article Addressed to: Mr. Bob Barber Owens Illinois Glass Conta 3600 Alameda Ave Oakland, CA 94601 5. Received By: (Print Name) ELEB Mill VIEST, LT. 6. Signature: (Addressee or Agent) X. Barbard Mill William	Express I Return Rec 7. Date of De	Type ad Mail Delivery 13-96 B's Address (Only in	G Certified Insured COD	Thank you for using Return Rece
_	PS Form 3811, December 1994		Domestic Retu	ım Receipt	