

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

Certified Mail #
10/04/95 - STID# 5507

Notice of Requirement to Reimburse

Mr. Ray Pang
Cal Trans
1121 7th Street
Oakland, California 94607

Responsible Party
Property Owner

Container Freight
1285 5th St
Oakland, CA 94607

SITE

Date First Reported 09/12/95
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.

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 or telephone (916) 227-4408. Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

George Young

George Young, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB
Add: YES Reason: NEW CASE
Delete: _____ Reason: _____
Change: _____ Reason: _____

#5507
SH

Z 296 048 458



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to MR. RAY PANG	
Street and No. 1121 7TH STREET	
P.O., State and ZIP Code OAKLAND CA 94607	
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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: S HUGO #5507

4a. Article Number
Z 296 048 458

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

MR. RAY PANG
CAL TRANS
1121 7TH STREET
OAKLAND CA 94607

10/25/95

remailed to Chris Wilson

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.



ALAMEDA COUNTY CC4580
HEALTH CARE SERVICES AGENCY
Department Of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

CERTIFIED

Z 296 048 458

MAIL



95 OCT 10 PM 1:22

MR. RAY PANG
CAL TRANS
1121 7TH STREET
OAKL

CALT121 946072021 IN 10/12/95
RETURN TO SENDER
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER



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HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



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