

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

Certified Mail # Z 296 048 450  
10/31/95 - STID# 2265

Notice of Requirement to Reimburse

Mr. Joel Howie  
Caltrans Environmental Engr.  
P O Box 23660  
Oakland, California 94623-0660

Responsible Party  
Property Owner

J & A Truck Repair  
500 Kirkham St  
Oakland, CA 94607

SITE

Date First Reported 08/30/95  
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.

Gordon Coleman, Acting Chief  
Contract Project Director

c: Mike Harper, SWRCB

Add: \_\_\_\_\_ Reason: \_\_\_\_\_  
Delete: \_\_\_\_\_ Reason: \_\_\_\_\_  
Change:  Reason: NEW RP CONTACT & ADDRESS

#2265  
SH

Z 296 048 450



### Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to	
JOEL HOWIE	
Street and No.	
P.O. BOX 23660	
P.O., State, and ZIP Code	
OAKLAND CA 94623-0660	
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, 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 "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 #2265

*joel howie*  
MR. JOEL HOWIE  
CALTRANS ENVIRONMENTAL ENGR.  
P.O. BOX 23660  
OAKLAND CA 94623-0660

4a. Article Number

Z 296 048 450

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

*NOV 03 1995*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X [Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
ALAMEDA COUNTY CC4580  
DEPT. OF ENVIRONMENTAL HEALTH  
DIV. OF ENVIRONMENTAL PROTECTION  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577

Certified Mail # Z 296 048 440  
08/31/95  
STID# 2265

Notice of Requirement to Reimburse

Mr. Ray Pang  
Cal. Dept. Of Transportation  
1121 7th Street  
Oakland, California 94607

Responsible Party  
Property Owner

J & A Truck Repair  
500 Kirkham St  
Oakland , CA 94607

SITE

Date First Reported 08/30/95  
Substance: Diesel  
Petroleum: (X) Yes  
Source: F

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*Leroy Todd*  
Leroy Todd, Acting Chief  
Contract Project Director

c: Mike Harper, SWRCB

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

#2265  
SH

Z 296 048 440



### Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to <b>Mr. Ray Pang</b>	
Street and No. <b>1121 7th Street</b>	
P.O., State and ZIP Code <b>Oakland CA 94607</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	

PS Form 3811, December 1991

**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.

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **S. Hugo #2265**

**Mr. Ray Pang  
Cal. Dept. of Trans.  
1121 7th Street  
Oakland CA 94607**

4a. Article Number  
**Z 296 048 440**

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery  
**9/2/93**

5. Signature (Addressee)

6. Signature (Agent)  
*[Handwritten Signature]*

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

Thank you for using Return Receipt Service.