

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



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

Certified Mail # P 386 338 345

04/28/94
STID# 1715

Notice of Requirement to Reimburse

Aimee L. West Trust
Et Al
935 A. Street
Hayward, Ca 94541

Responsible Party #1
Property Owner

W. J. Ingelhofe
Goodyear Tire & Rubber Company
P. O. Box 660245
Dallas, Tx 75266-0245

Responsible Party #2
Contact Person
Contact Company

Former Merritt Tire Sales
3430 Castro Valley Blv
Castro Valley, CA 94546

SITE

Date First Reported 10/05/93
Substance: Waste Oil
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.


Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: New case

SS #1915 P 386 338 345



Receipt for Certified Mail

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

PS Form 3800, June 1991

Sent to W.J. Inglehofer	
Street and No. P.O. Box 660245	
P.S. State and ZIP Code Dallas TX 75266	
Postage	\$ -0245
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?

<p>SENDER:</p> <ul style="list-style-type: none"> • 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. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. ALCO HAZMAT 3. Recipient's Address: ST. MAY 10 PM 3:25 SS. #1715 W.J. Inglehofer Goodyear Tire & Rubber Co. P.O. Box 660245 Dallas TX 75266-0245</p>		<p>4a. Article Number P 386 338 345</p> <p>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</p>	
<p>5. Signature (Addressee)</p>		<p>7. Date of Delivery MAY 10 1994</p>	
<p>6. Signature (Agent)</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt Service.

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DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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Street No	
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P.O., State and ZIP Code	
Hayward CA 94541	
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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	

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Consult postmaster for fee.

3. Article Addressed to: SS #1715
 Aimee L. West Trust Et Al
 935 A Street
 Hayward CA 94541

4a. Article Number
 P 386 338 344

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
 5/14

5. Signature (Addressee)

Suzyl Allen 05/03/94

6. Signature (Agent)

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

Thank you for using Return Receipt Service.