ALAMEDA COUNTY **HEALTH CARE SERVICES** AGENCY

DAVID J. KEARS, Agency Director



R0553

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 422 218 064

11/08/93 STID# 3232 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

Notice of Requirement to Reimburse

Lowell Davis

36 Fenton Street Livermore, C A 94550

Former Gas Station 9000 E 14th St Oakland , CA 94603

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SITE	Substan
	Detwole

Responsible Party

Property Owner

rst Reported 11/04/93 ce: Gasoline troleum: (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 Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

aBHONCO

Edgar B. Howell, III, Chief Contract Project Director

9dd

: X

CC: Mike Harper, SWRCB

SWRCB Use:

Reason: New Case



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 return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the article was delivered at delivered. 3. Article Addressed to: Lowell Davis Sector Street Livermore, CA 94550 STID# 3232 	space cle number. nd the date 4a. Arti P 422 4b. Ser	cle Number 2 218 064 vice Type stered Insured fied ICOD	sing Return Receipt Service.
	5. Signature (Addressee) 6. Signature (Agent) 7. Liwill Suur 7. John 3611, December 1991 #U.S. GPO: 1992-323	7. Date	ess Mail Return Receipt for Merchandise of Delivery May 18/1993 ressee's Address (Only if requested fee is paid)	Thank you for u