

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



R0631

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # Z 773 036 407

01/20/95  
STID# 3135

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

**Notice of Requirement to Reimburse**

Mr. Glen Duncan  
Saroni Total Food Ingredients  
727 Kennedy St.  
Oakland CA 94606

Responsible Party #1  
Property Owner

N/ A  
Oakland Prop Corp N V  
10 West Bld 2740 Rt 10  
Morris Plains N J 07950

Responsible Party #2  
Contact Person  
Contact Company

Saroni Total Food  
727 Kennedy St  
Oakland, CA 94606

SITE Date First Reported 01/18/95  
Substance: Gasoline  
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 Barney CHAN, 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 site

R0631  
closed

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: B. Chan #3135 <i>R0631</i> Oakland Prop Corp N V 10 West Bld 2740 Rt 10 Morris Plains NJ 07950		4a. Article Number Z 773 036 408	
5. Signature (Addressee)		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	
6. Signature (Agent)		7. Date of Delivery 1-30	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991    ★U.S. GPO: 1993-352-714 <b>DOMESTIC RETURN RECEIPT</b>			

Thank you for using Return Receipt Service.

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<b>SENDER:</b> • 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: B. Chan #3135 <i>R0631</i> Mr. Glen Duncan Saroni Total Food Ingredients 727 Kennedy Street Oakland CA 94606		4a. Article Number Z 773 036 407	
5. Signature (Addressee)		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	
6. Signature (Agent) <i>H. Massey</i>		7. Date of Delivery 1-26-95	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991    ★U.S. GPO: 1993-352-714 <b>DOMESTIC RETURN RECEIPT</b>			

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