ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY



R0685

RAFAT A. SHAHID, DIRECTOR

Certified Mail # Z 296 048 461 09/29/95 - STID# 2053

DAVID J. KEARS, Agency Director

Notice of Requirement to Reimburse

Matin Moghadam M T M General Store & Gas 115 South Vasco Rd Livermore, C A 94550

MTM General Store & Gas 115 S Vasco Rd Livermore , CA 94550 Responsible Party Property Owner

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

Date First Reported 09/26/95

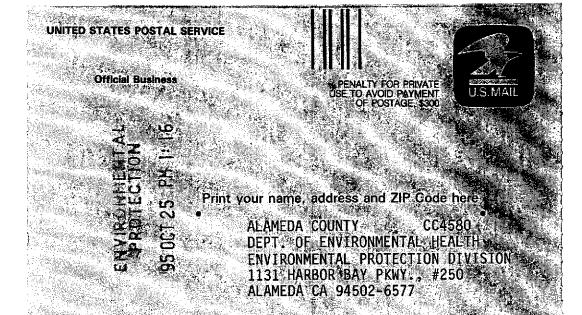
Substance: Gasoline Petroleum: (X) Yes

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.

SITE

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 Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.



Complete Rems 1 and/or 2 for additional services. Complete Rems 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requiested" on the mailpiece below the attack this form to the front of the mailpiece below the attack this form to the front of the mailpiece below the attack this form to the front of the mailpiece below the attack this form to the form the mailpiece below the attack this form to the form the mailpiece below the attack this form to the form the mailpiece below the attack the form the form the mailpiece below the attack the form	if space 1. Addressee's Address ticle number end the date 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 7 206 048 461
5. Signature (Addressee) S. Signature (Agent)	Addressee's Address (Only if requested and fee is paid)