

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

Certified Mail # P 143 588 290
05/09/96 - STID# 5830

Notice of Requirement to Reimburse

Ms. Nancy Vanhuffel
San Lorenzo Village Homes Ass
377 Paseo Grande
San Lorenzo, Ca 94580


Responsible Party
Property Owner

San Lorenzo Village Homes Ass.
427 Paseo Grande
San Lorenzo , CA 94580

SITE Date First Reported 12/17/87
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.

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 Juliet M SHIN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Gordon Coleman, Acting Chief
Contract Project Director

c: Lori Casias, SWRCB
Add: Reason: New
Delete: Reason: _____
Change: Reason: _____

#5830 P 143 588 290
JMS

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to Ms. Nancy Vanhuffel San Lorenzo Village Homes Ass.	
Street & Number 377 Paseo Grande	
Post Office, State, & ZIP Code San Lorenzo CA 94580	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: J. Shin #5830 Ms. Nancy Vanhuffel San Lorenzo Village Homes 377 Paseo Grande San Lorenzo CA 94580		4a. Article Number P 143 588 290	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 5-13-96	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Nancy Vanhuffel</i>			

PS Form 3811, December 1994

Domestic Return Receipt

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