

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail #

03/24/93  
STID# 4442

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**

Attn. Karl Diekman  
Dougherty Regional Fire Auth.  
9399 Fircrest Lane  
San Ramon, Ca 94583

Responsible Party  
Property Owner

Dougherty Regional Fire Auth.  
7494 Donahue Dr.  
Dublin, CA 94568

SITE

Date First Reported 11/09/89  
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 Eva Chu, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use: 

Change : X Reason: Change mailing address
---

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

November 2, 1992

Dear Sir:

The attached "**Notice of Reimbursement**" is not a bill. It is required by our contract with the State Water Resources Control Board that we send this letter to all responsible parties involved in a leaking petroleum underground tank site. You fall into the following category:

You (or your contractor/consultant) deposited funds for us to use to oversee the tank removal followed by the cleanup. Your case has been transferred to the Alameda County Local Oversight Program. This will involve your being billed **after** the work has been accomplished. It is directed to all responsible parties as the law requires all operators and owners to be notified.

We will continue to work with you to resolve the site remediation in progress.

If you still have any question please call this office at 271-4530 and ask for the specialist noted in the attached notice.

Sincerely,

Thomas F. Peacock, Supervising HMS  
Hazardous Material Division

3/24/93

Karl-

I spoke w/ Ravi - He says initial tank poll had required a \$450 deposit. This \$ deposit was dwindled to \$0<sup>00</sup> but he had not asked for add'l \$. It appears your fire dept. has been doing some work for our Agency as well. You can contact Tom Henthox if you need more info on prior informal agreements/arrangements -

lsc



ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P367 604 527

03/12/93  
STID# 4442

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**

Attn. Karl Diekman  
Dougherty Regional Fire Auth.  
P. O. Box 2340  
Dublin, C A 94568

Responsible Party  
Property Owner

Dougherty Regional Fire Auth.  
7494 Donahue Dr.  
Dublin , CA 94568

SITE

Date First Reported 11/09/89  
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 Eva Chu, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Handwritten signature of Edgar B. Howell, III.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 367 604 527

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

*(See Reverse)*

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Street and No	
P O , State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

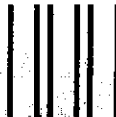
UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE: \$300

93 MAR 22 - PM 12:01

RETURN TO



Print Sender's name, address, and ZIP Code in the space below.

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 80 SWAN WAY, SUITE 200  
 OAKLAND, CA 94621  
 (415) 271-4320



Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
 2.  Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>Attn: Karl Diekman          Dougherty Reg. Fire Authority          P.O. Box 2340          Dublin, CA 94568</p>	<p>4. Article Number          #P 367 604 527</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified      <input checked="" type="checkbox"/> COD  <input type="checkbox"/> Express Mail      <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Address          X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent          X Michelle Brown</p>	
<p>7. Date of Delivery          3-19-93</p>	

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT