

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

Certified Mail # P 418 724 558

07/20/93
STID# 1521

Notice of Requirement to Reimburse

Robert Falaschi

3080 Frye St.
Oakland, Ca 94602

Responsible Party #1
Property Owner

Walter Inglehoffer
Good Year
7301 Ambassador Row
Dallas, Tx 75247-4848

Responsible Party #2
Contact Person
Contact Company

Commercial Site
431 San Pablo Ave.
Albany, CA 94706

SITE

Date First Reported 07/20/93
Substance:
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 Juliet M SHIN, 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:

Add: X Reason: New Case

P 418 724 558



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, June 1991

Sent to <i>Walter Inglehoffer</i>	
Street and No <i>STID# 1521</i>	
P O, State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & b.
- Print your name & 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.

3. Article Addressed to:
Walter Inglehoffer
Good Year
7301 Ambassador Row
Dallas, TX 75247-4848
STID# 1521

5. Signature (Addressee)

6. Signature (Agent)
Shelba Hudgins

JMS

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

93 AUG - 4

Article Number
PH 1101724 558

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

7. Date of Delivery
8-2-93

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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80 Swan Way, Rm 200
Oakland, CA 94621
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Certified Mail # 418 724 557

07/20/93
STID# 1521

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P.O. State and ZIP Code	
Robert Falaschi	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?	SENDER:	I also wish to receive the following services (for an extra fee):		
	<ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, 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. 	1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		
	3. Article Addressed to:	4a. Article Number	4b. Service Type	
	Robert Falaschi 3080 Frye Street Oakland, CA 94602 STID# 1521	#P 418 724 557	<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	
5. Signature (Addressee)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)		
	5.29.93			
6. Signature (Agent)				
<i>Johna Dymalis</i>				

Thank you for using Return Receipt Service.