



*Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577*

Certified Mail # P 143 588 351
07/09/96
STID# 5347

Notice of Requirement to Reimburse

Ingrid & Frank Werner
N A
22 Kensington Court
Kensington, C A 94707

Responsible Party (RP)
Property Owner

Werner Property
701 San Pablo Ave
Albany , CA 94706

SITE


Date First Reported 07/01/96
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.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

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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 telephone the SWRCB at (916) 227-4408. Please contact Juliet M SHIN, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.


 Gordon Coleman, Acting Chief
 Contract Project Director

 c: Lori Casias, SWRCB

Please Circle One **(Add)** Delete Change
 Reason: New

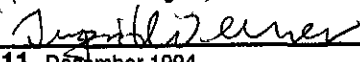
#5347
 JMS P 143 588 351

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
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Sent to Ingrid & Frank Werner	
Street & Number 22 Kensington Court	
Post Office, State, & ZIP Code Kensington CA 94707	
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	

SENDER:
 ■ 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.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: #5347 J. Shin	4a. Article Number P 143 588 351
Ingrid & Frank Werner 22 Kensington Court Kensington CA 94707	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
5. Received By: (Print Name)	7. Date of Delivery 7-16-96
6. Signature: (Addressee or Agent) X 	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3800, April 1995