

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 245

03/23/92  
STID# 3731

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Notice of Requirement to Reimburse**

Peter Bedford  
Bedford Properties  
2000 Crow Canyon Pl #120  
San Ramon, C A 94583

Responsible Party  
Property Owner

Bedford Properties  
6700 Golden Gate Dr.  
Dublin, CA 94568

Date First Reported 02/28/91  
SITE Substance: Diesel  
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 overseeing removal 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 indentified 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 Scott SEERY, 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

*ee*

P 367 604 245  
**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 <i>Bedford Properties</i>	
Street and No. <i>2000 Crow Canyon #120</i>	
P.O., State and ZIP Code <i>San Ramon, CA 94583</i>	
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	\$ <i>2.29</i>
Postmark or Date	<b>MAR 26 1992</b>

SHD 3731

**SENDER: 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 postmeter 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)

3. Article Addressed to: <i>SHD # 3731</i> <i>Bedford Properties</i> <i>attn: Peter Bedford</i> <i>2000 Crow Canyon Pl # 120</i> <i>San Ramon, CA 94583</i>	4. Article Number <i>P367 604 245</i>
	Type of Service: <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
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	