# ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

DAVID J. KEARS, Agency Director

ENVIRONMENTAL H

Certified Mail # 09/11/96 STID# 3700 ENVIRONMENTAL HEALTH SERVICES ENVIRONMENTAL PROTECTION 1131 Harbor Bay Parkway, #250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

### Notice of Requirement to Reimburse

August 23, 1996
Gary Mc Graw
Miller Packing
P O Box 986
Oakland, C A 94604

Miller Packing 201 2nd St Oakland , CA 94607 Responsible Party (RP)
Property Owner

SITE

Date First Reported 12/05/89

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.

Report: ReImbB 9/95

Reimburse Letter 09/11/96 StID# 3700 Page 2

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 Klettke, Dale, 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: ADDRESS CORRECTION

P 143 589 313 DK

SENDER:  • Complete items 1 and/or 2 for additional services.  • Complete items 3, and 4s & b.  • Print your name and address on the reverse of this form so the return this card to yeu.  • Attach this form to the front of the mailpiece, or on the back it does not permit.  • Write "Return Receipt Requested" on the mailpiece below the arti	at we can if space licle number	I also wish to receive the following services (for an extra of fee):  1 Addressee's Address	! ! [	Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to Gary Mc Gr. Strept & Number ng , P Postents Sandary Con	Provided. al Mail (See reverse) aw Miller .0.box986
The Return Receipt will show to whom the article was delivered.	IIIQ (ile date	Consult postmaster for fee.		Postage	\$
3. Article Addressed to:  Gary Mc Graw Miller Packing P.O. Box 986 Oakland, CA 94604		4a. Article Number P143589313		Certified Fee	
	4b. Service Type  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandise  7. Date of Delivery  7. Date of Delivery			Special Delivery Fee	
				Restricted Delivery Fee	
			1995	Return Receipt Showing to Whom & Date Delivered	
			April	Return Receipt Showing to Whom, Date, & Addressee's Address	
5. SigNature (Addressee)	8. Add	8. Addressee's Address (Only if requested and fee is paid)		TOTAL Postage & Fees	\$
efun Henry	-	Ë	38 5	Postmark or Date	
년 6. Signature (Agent)	,		For		
PS Form SET   Describe 199		COM RECEIPT	ر ان		

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 mailer #P 367 603 913

March 4, 1992 STID# 3700 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

#### Notice of Requirement to Reimburse

Miller Packing Co. Attn: Mr. Gary McGraw 206 2nd Street Oakland, CA 94607

Miller Packing Co. 206 2nd Street Oakland, CA 94607

SITE

Contact Person Property Owner

Responsible Party

Date First Reported 12/5/89 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 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 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.

If you have any questions concerning this matter please contact Susan L. Hugo, Senior Hazardous Material Specialist, at (510) 271-4530.

Sincerely,

Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use :

add: X

Reason: New case

## P 367 603 913

RECEIPT FOR CERTIFIED MAIL,
NO INSURANCE COVERAGE PROMISED
NOT FOR INTERNATIONAL MAIL

	(See Reverse)							
~U,S,G.R.O, 1989-234-555	Sent to miller Packing (2.  Attn: me Gary meare  Street and No.							
S.G.P.O. 19	PO State and ZIP Code A		607					
	Postage '	S						
	Certified Fee			Q				
	Special Delivery Fee			374				
	Restricted Delivery Fee							
	Return Receipt showing to whom and Date Delivered			1/2				
PS Form 3800, June 1985	Return Receipt showing to whom, Date, and Address of Delivery			371				
June	TOTAL Postage and Fees	<sup>\$</sup> 2	. 29 2					
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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 postmaster for fees and check box(es) for additional service(s) requested.						
	dress. 2.   Restricted Delivery (Extra charge)					
3. Article Addressed to: 3710 3700 Miller Packing Co.	4 Article Number 913.					
AHN: MR. GARY-MCGraw	Type of Service:  Registered Insured COD					
206 2nd Street	Express Mail Return Receipt for Merchandise					
OAKIAND, CA 94607	Always obtain signature of addressee or agent and DATE DELIVERED.					
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)					
6. Signature – Agent	v <sup>7</sup> a					
7. Date of Delivery						
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT						