**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 # 7367 604 172

03/13/92 STID# 1630 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

Howard Wallach Emporium Capwell Co. 444 S. Flower St.

Los Angeles, C A 90071

Responsible Party Property Owner

Capwell's Chevron 1911 Telegraph Ave. Oakland , CA 94612

SITE

Date First Reported 02/23/88

Substance: Waste Oil 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 Tom PEACOCK, Supervising 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

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SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1.   Show to whom delivered, date, and addressee's and (Extra charge)	rse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster sted. ddress. 2.   Restricted Delivery (Extra charge)
3. Article Addressed to: St Dth 1630 Empor um Copusel Co. attn: Howard Wallach 444 3. Flower St. Los Angelos, CA 90071	4. Article Number P3C 6ct 172  Type of Service:  Registered Insured COD Express Mail COD Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X  6. Signature - Agent X  7. Date of Delivery MAR 20  PS Form 3811. Mar. 1988 * U.S.G.P.O. 1988-2	8. Addressee's Address (ONLY if requested and fee paid)  12-865 DOMESTIC RETURN RECEIPT

## · P 367 604 172 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) g U.S.G.P.O. 1989-234-555 Street and No THE S. Flower St PO, State and ZIP Code STO Certified Fee 8 Special Delivery Fee W Restricted Delivery Fee Return Receipt showing to whom and Date Delivered PS Form 3800, June 1985 Return Receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date