## 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 113 815 301

01/21/93 STID# 1489

## Notice of Requirement to Reimburse

Lynn Nightengale n/a 102 Flying Circle Isle Foster City, C A 94404

Nightengale Property 4629 Martin L King Oakland , CA 94609 Responsible Party Property Owner

SITE

Date First Reported 07/15/92

Substance: Heating 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 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 Eva Chu, 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:

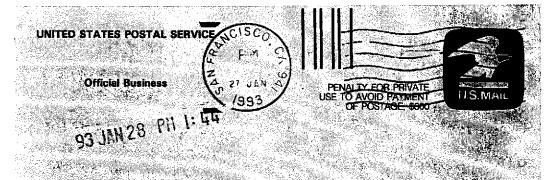
Add: X Reason: New Case

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Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(EC)
Sent to

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	Lynn Nightengale  Street and No. 102 Flying Circle Isle  PO. State and ZIP Code Foster City CA 94404		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1991	Return Receipt Showing to Whom & Date Delivered		
PS Form <b>3800</b> , June 1991	Return Receipt Snowing to Whom, Date, and Addressee's Address		
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Print your name, address and ZIP Code here

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISON
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621
430 - 4530

Complete items 1 and/or 2 for additional services.  Complete items 3, and 4e & b.  Print your name and address on the reverse of this form so that	following services (for an extra we can fee):
sturn this card to you.  Attach this form to the front of the mailpiece, or on the back if	space 1. Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the artic The Return Receipt will show to whom the article was delivered an	
elivered.	Consult postmester for fee.  4a. Article Number
Lynn Nightengale 102 Flying Circle Isle Foster City CA 94404	P 113 815 301  4b. Service Type  Registered Insured  Certified COD  Agress Mail Return Receipt for Merchandise  7. See of Delivery
5. Signature (Addressee)  S. Signature (Agent)	Addressee's Address (Only if request and fee is paid)