

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
ENVIRONMENTAL PROTECTION DIV.
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577

February 21, 1995

Dear Sir:

The attached "Notice of Reimbursement" is not a bill. It is required by our contract with the State Water Resources Control Board that we send this letter to all responsible parties involved in a leaking petroleum underground tank site. You fall into the following category:

You (or your contractor/consultant) deposited funds for us to use to oversee the tank removal followed by the cleanup. Your case has been transferred to the Alameda County Local Oversight Program. This will involve your being billed **after** the work has been accomplished. It is directed to all responsible parties as the law requires all operators and owners to be notified.

We will continue to work with you to resolve the site remediation in progress.

If you still have any question please call this office at 567-6700 and ask for the specialist noted in the attached notice.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas F. Peacock".

Thomas F. Peacock, Supervising HMS
Environmental Protection Division

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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 # Z 196 176 806

03/03/95
STID# 4886

Notice of Requirement to Reimburse

Jason Baker
City Of Albany
1000 San Pablo Ave.
Albany, C A 94706

Responsible Party
Property Owner

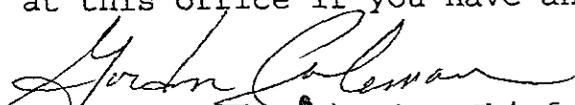
City of Albany
1247 Marin Ave
Albany , CA 94701

SITE

Date First Reported 07/17/92
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 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 ~~Juliet M. SHIN~~, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Gordon Coleman, Acting Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Add : X Reason: Nun

Z 196 176 806



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse) **J.M.S.**

PS Form 3800, March 1993

Sent to JASON BAKER	
Street and No CITY OF ALBANY	
P.O., State and ZIP Code 1000 SAN PABLO AVE.	
ALBANY, CA 94706	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **J.M.S.**
JASON BAKER
CITY OF ALBANY
1000 SAN PABLO AVE.
ALBANY, CA 94706

4a. Article Number
Z 196 176 806

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

7. Date of Delivery
3/9

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.