AGENCY

DAVID J. KEARS, Agency Director



R0759

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 422 218 057

11/02/93 STID# 1140

Notice of Requirement to Reimburse

Mr. Tim Howard Unocal Corp 2000 Crow Canyon Pl, #400 San Ramon, C A 94583

Unocal SS #2656 4251 E. 14th St Oakland , CA 94601 Responsible Party Property Owner

SITE

Date First Reported 01/05/90

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 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

Please contact Barney CHAN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

update : X Reason: new RP information

DAVID J. KEARS, Agency Director

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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 malipiece below the article number. • The Return Receipt Requested" on the malipiece below the article number. • The Return Receipt will show to whom the article was delivered and the date Unocal Corp 2000 Crow Canyon Pl, #400 San Ramon, CA 94583 STID# 1140 Form 3811, December 1991 & U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 422 218 057 4b. Service Type Registered Insured COD Registered COD Registered COD Return Receipt for Merchandise 7. Date of Delivery NOV 1 0 1993 8. Addressee's Address (Only if requested and fee is paid) PS Form 3811, December 1991 & U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT		54
Unocal Corp 2000 Crow Canyon P1, #400 San Ramon, CA 94583 STID# 1140 Ro 159 6. Signature (Agent) Ab. Service Type Registered Re	 Complete items 1 and/or 2 to 5. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that we return this card to you. Attach this form to the front of the mailpiece, or on the back if speed on the permit. Write "Return Receipt Requested" on the mailpiece below the article with the reverse of this form to the front of the mailpiece below the article of the Return Receipt Requested on the article was delivered and the reverse of this form so that we have the reverse of this form so that we have the reverse of this form so that we have the reverse of this form so that we have the reverse of this form so that we have the reverse of this form so that we have the reverse of this form so that we have the reverse of this form so that we have the reverse of this form so that we have the reverse of this form to the reverse of this form so that we have the reverse of this form to the reverse of the reverse of this form to the reverse of this form to the reverse of the revers	the date The date The date
5. Signature (Addressee) and fee is paid) 6. Signature (Agent)	San Ramon, CA 34303 STID# 1140	D. Service Type Registered COD Express Mail Description Return Receipt for Merchandise Description Merchandise Return Receipt for Merchandise Description Return Receipt for Merchandise
	5. Signature (Addressee) 6. Signature (Agent)	and fee is paid)

ALAMEDA COUNTY

HEALTH CARE SERVICES

AGENCY DAVID J. KEARS, Agency Director

certified mailer

04412

State Water Resources Control Board Division (Clean Water Programs UST Local Oversight Program R0754

RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200

Notice of Requirement took Red mburse

(510) 271-4320

Responsible Party

Contact Person

Unocal

ATTN: Rick Sisk

April 8, 1992

STID# 1140

2000 Crow Canyon Place, Suite 400

San Ramon, CA 94583

Helen Kleeman, Julie & Peter Beck P.O. Box 63700

Unocal Station #2656 4251 E. 14th St. Oakland, CA 94601

San Francisco, CA 94163

SITE

Responsible Party Property Owner

Date First Reported 05/90 Substance: waste oil & diesel Petroleum (X) Yes

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If you have any questions concerning this matter please contact Barney Chan, Hazardous Material Specialist, at (510) 271-4530.

Edgar B. Howell, III, Chief Contract Project Director

Sandra Malos, SWRCB

SWRCB Use

add: X

Reason: New case

ALAMEDA COUNTY

HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director certified mailer

State Water Reources Control Board Division of Clean Water Programs UST Local Oversight Program R0759

RAFAT A. SHAHID, Assistant Agency Director

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SWRCB Use

add: X

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