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 113 815 332

12/30/92 STID# 1361

Notice of Requirement to Reimburse

Hiro Fukushima Hiro's Nursery, Inc. 1630 162nd Avenue San Leandro, Ca 94578

Hiros Nursery, Inc. 1630 -162nd Ave. San Leandro , CA 94578 Responsible Party Property Owner

SITE

Date First Reported 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 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 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 Scott SEERY, 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

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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered.	if space 1. Addressee's Address
3. Article Addressed to: Hiro's Nursery Inc 1630 162nd Ave SAN LEANDRO CA 94578	4a. Article Number 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 * USC POLICE	8. Addressee's Address (Only if requested and fee is paid) 7-530 DOMESTIC RETURN RECEIPT

P 113 815 332 Receipt fer Certified Mail No Insurance Coverage Provided Do not use for International Mail (See Reverse) Sent to Street and No P.O., State and ZIP Code Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt S to Whom & Date But Return Receipt S Date, and Addres TOTAL Postage Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, and Addressee's Address

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