ALAMEDA COUNTY

HEALTH CARE SERVICES







Certified Mail # **P143 589 319** 09/30/96 STID# 5844

ENVIRONMENTAL HEALTH SERVICES ENVIRONMENTAL PROTECTION (LOP) 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335

Notice of Responsibility to Reimburse

William & Ed Sheehan N A 1236 Bay Street Alameda, Ca 94501

Residential 510 Lincoln Ave Alameda , CA 94501 Responsible Party (RP) Property Owner

SITE

Date First Reported 09/24/96

Substance: Heating Oil

Petroleum: (X) Yes

Source: S

The State Underground Storage Tank Cleanup Fund (Cleanup 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 site investigation or remedial action at the above site are funded, in whole or in part, from the State Cleanup 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 Section 25297.1 of the California Health and Safety Code, the above site has been placed in the Local Oversight Program.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

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Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408.

Please contact Juliet M Shin, Senior Hazardous Materials Specialist at this office if you have any further questions concerning this matter.

Gordon Coleman, Acting Chief Contract Project Director

Please Circle	One Add	Delete	Change
Reason:	New		

c: Lori Casias, SWRCB Juliet M Shin, Senior Hazardous Materials Specialist

	4a. Article Number	P 143 589 319	4b. Service Type Registered Insured Contilled	HR L	8. Addressed's Address (Only if requested.	Ame adare	-352-714 DOMESTIC RETURN RECEIRT
ENDER: 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 sturn this card to you Attach this form to the front of the mailpiece, or on the back if space as 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	silvered 3 Article Addressed to	William & Ed Sheehan	1236 Bay Street	Alameda, CA 94501	Signalyre (Addressee)	MEMOR STERE CA. Signature (Agent)	S Form 3811, December 1991 *U.S. GPO: 1983-352-714

Is your RETURN ADDRESS completed on the reverse side?

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South liam & F	onal Mail <i>(See revers</i> Ed Sheehan
Street & Number 1236 Bay St Post Office, State, CAP Co	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date & Addressee's Address	
Return Receipt Showing to Whom, Date & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	——————————————————————————————————————

Standard Form UST03/04(6,33), Report ReIthPg2 11/95