ALAMEDA COUNTY HEALTH CARE SERVICES

AGENCY DAVID J. KEARS, Agency Director



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

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 154

09/16/92 STID# 3169 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

Attn. Ron Bock Unocal P. O. Box 5155 San Ramon, C A 94583

Responsible Party Property Owner

UNOCAL #5366 7375 AMADOR VALLEY BLV DUBLIN , CA 94568

SITE

Date First Reported 02/18/88

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 overseeing removal 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 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) #3169

| Sept. 19

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 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. 			fee): 1. Addressee's Address
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5. Signature (Addressee) 6. Signature (Agent)			ressee's Address (Only if request fee is paid)