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 422 218 053

10/28/93 STID# 4107

Notice of Requirement to Reimburse

R. N. Stefan La Mirada Association 18 Sunnyside Ln Orinda, C A 94563

Mr. R N Stefan 5965 Dougherty Rd Dublin , CA 94568

Responsible Party Property Owner

SITE

Date First Reported 10/28/93

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 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 Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief Contract Project Director

Mike Harper, SWRCB

SWRCB Use:

ADD

: X

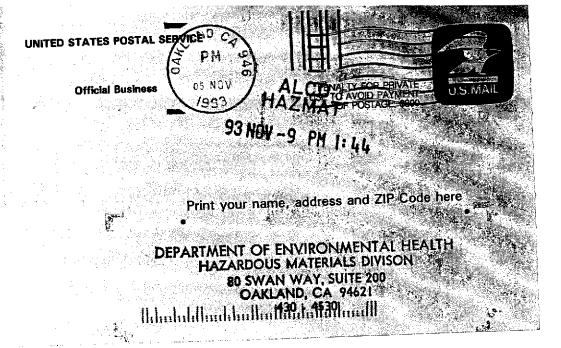
Reason: New Case_

P 422 218 053



Receipt for Certified Mail
No Insurance Coverage Provided Do not use for International Mail (See Reverse)

	^{Senkto} N. Stefan	ECI	
	Street and No. La Mirada Assoc.		
	PO, State and ZIP Code 18 Sunnyside Ln		
	Meinda, CA 9456	3 \$	
PS Form 3800, June 1991	STIP# 4107		
	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	\$	
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A CONTRACT OF THE PARTY OF THE	EC
Consists items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	I also wish to receive in following services (for an exer
 Print your name and address on the reverse of this form so return this card to you. Attach this form to the front of the mailpiece, or on the ba 	1007.
does not permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was deliven	ed and the date
delivered.	Consult postmaster for fee.
3. Article Addressed to: R.N. Stefan RO 1069	4a. Article Number P 422 218 053
La Mirada Association	4b. Service Type
18 Sunnyside Ln	☐ Registered ☐ Insured
Orinda, CA 94563	☐ CoD ☐ COD
STID# 4107	☐ Express Mail ☐ Return Receipt fo Merchandise
	7. Date of Delivery
Alla Mender	1/5/93
5. Signature (Addressee)	Addressee's Address (Only if request and fee is paid)
6. Signature (Agent)	