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 418 724 692

01/12/94 STID# 4655

Notice of Requirement to Reimburse

Beverly Chin Gsa 525 Market St., 31st Flr San Francisco, Ca 94105

Alameda Federal Center 620 Central Ave Alameda , CA 94501 Responsible Party Property Owner

SITE

Date First Reported 01/07/94

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 Juliet M SHIN, 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:

ew : X Reason: New

site

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in (RETURN TO" Space on the reverse side. Failure to his will prevent this card from being return, o you. The return receipt fee will provide you the name the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)			
3. Article Addressed to: JMS #4655	4. Article Number P 418 724 692		
Beverly Chin GSA 525 Market St., 31st Floor	Type of Service: ☐ Registered ☐ Insured ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise		
San Francisco CA 94105	Always obtain signature of addressee or agent and DATE DELIVERED.		
5. Signature Address X 6. Signature Agent X 7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)		
PC Sam 2811 Mer 1988 # 11.8 G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT			

P 418 724 692



JMS

4655

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

	Sent to Beverly Chin		
	Street and No. 525 Marke	t, 31st I	1
	San Francisc	0 94105	
PS Form 3800 , June 1991	Postage	\$	
	Certified Fee		
	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	\$	
380	Postmark or Date	f	
orm			
PS			