

R 58

HEALTH CARE SERVICES
SEP 1992

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

Certified Mail # P 367 604 736

03/11/92
STID# 518

Notice of Requirement to Reimburse

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

Responsible Party
Property Owner

Unocal SS #6129
3420 - 35th Ave.
Oakland , CA 94619

SITE Date First Reported 09/01/89
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 Tom PEACOCK, Supervising Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell

Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use: Add: X Reason: New Case

ee

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of 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. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: stid# 518 Unocal Corporation attn: Ron Beck P.O. Box 5155 San Ramon, CA 94583	4. Article Number P 367 604 736
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	8. Addressee's Address (ONLY if requested, and fee paid)
6. Signature - Agent X <i>to m</i>	
7. Date of Delivery MAR 16 1992	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 367 604 736
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985	Sent to Unocal Corp	stid: 518 515
	Street and No P.O. Box 5155	
	P.O. State and ZIP Code San Ramon, CA 94583	
	Postage \$	
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees 2.29	
Postmark or Date 3. 13. 92 Rom		