



AGENCY  
DAVID J. KEARS, Agency Director

Alameda County CC4580  
Environmental Health Services  
1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
(510)567-6700 FAX(510)337-9335

Certified Mail # P 143 588 346  
07/03/96  
STID# 789

**Notice of Requirement to Reimburse**

Mr. Bob Thomas  
Mcgrath Steel Company  
6655 Hollis Street  
Emeryville, California 94608

Responsible Party (RP)  
Property Owner

McGrath Steel Company  
6655 Hollis St  
Emeryville, CA 94608

SITE

Date First Reported 07/03/96  
Substance: Diesel  
Petroleum: (X) Yes  
Source: F

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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced 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 SWRCB.

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.

Reimburse Letter  
07/03/96  
StID# 789  
Page 2

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 Susan HUGO, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief  
Contract Project Director

c: Lori Casias, SWRCB

Please Circle One  Add  Delete  Change

Reason: NEW CASE

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete Items 1 and/or 2 for additional services. ■ Complete Items 3, 4a, and 4b. ■ 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. ■ 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 delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: <b>S. Hugo #789</b>  <div style="text-align: center;">           Mr. Bob Thomas            McGrath Steel Company            6655 Hollis Street            Emeryville CA 94608         </div>	4a. Article Number <div style="text-align: center;">P 143 588 346</div>	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <span style="float: right;"><input checked="" type="checkbox"/> Certified</span> <input type="checkbox"/> Express Mail <span style="float: right;"><input type="checkbox"/> Insured</span> <input type="checkbox"/> Return Receipt for Merchandise <span style="float: right;"><input type="checkbox"/> COD</span>
6. Signature: (Addressee or Agent) <div style="text-align: center;"> <input checked="" type="checkbox"/> </div>		7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

SH P 143 588 346  
#789

US Postal Service <b>Receipt for Certified Mail</b> No Insurance Coverage Provided. Do not use for International Mail (See reverse)	
Sent to Mr. Bob Thomas McGrath Steel Company <small>Street &amp; Number</small> 6655 Hollis Street	
<small>Post Office, State, &amp; ZIP Code</small> Emeryville CA 94608	
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995