

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

Certified Mail #P 143 589 320  
09/30/96  
STID# 6063

**Notice of Responsibility to Reimburse**

William & Ed Sheehan  
N A  
1236 Bay Street  
Alameda, Ca 94501

Responsible Party (RP)  
Property Owner

Residential  
845 Pacific Ave  
Alameda , CA 94501

SITE

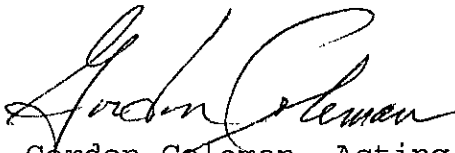
Date First Reported 09/21/96  
Substance: Diesel  
Petroleum: (X)Yes  
Source: S

The State Underground Storage Tank Cleanup Fund (Cleanup 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 State Cleanup 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 Section 25297.1 of the California Health and Safety Code, the above site has been placed in the Local Oversight Program.

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  
 09/30/96  
 StID# 6063  
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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 Juliet M Shin, Senior Hazardous Materials Specialist at this office if you have any further questions concerning this matter.



Gordon Coleman, Acting Chief  
 Contract Project Director

Please Circle One **Add** Delete Change

Reason: New

c: Lori Casias, SWRCB  
 Juliet M Shin, Senior Hazardous Materials Specialist

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, and 4a & b.
- 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):

- Addressee's Address
- Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
 William & Ed Sheehan  
 N A  
 1236 Bay Street  
 Alameda, CA 94701  
 845 Pacific Ave

4a. Article Number  
 P 143 589 320

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

5. Signature (Addressee)  
 J. Renee Sheehan

6. Signature (Agent)

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1989-362-714

P 143 589 320

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to **William & Ed Sheehan**

Street & Number  
**1236 Bay Street**

Post Office, State, & ZIP Code  
**Alameda, CA 94501**

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