

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

Certified Mail # P 072 565 855  
11/01/95 - STID# 5509

Notice of Requirement to Reimburse

Mr. Joel Howie  
Caltrans Environmental Engr.  
P O Box 23660  
Oakland, California 94623-0660

Responsible Party  
Property Owner

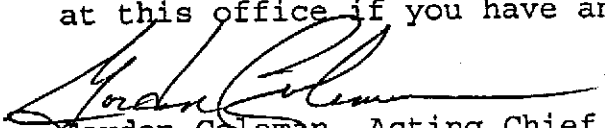
Cypress Project - Caltrans  
0 5th & Adeline  
Oakland, CA 94607

SITE

Date First Reported 11/01/95  
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.

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 or telephone (916) 227-4408. Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Gordon Coleman, Acting Chief  
Contract Project Director

c: Mike Harper, SWRCB  
Add:  Reason: NEW CASE  
Delete:  Reason: \_\_\_\_\_  
Change:  Reason: \_\_\_\_\_

#5509

SH P 072 565 855

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to	
Mr. Joel Howie	
Street and No.	
P.O. Box 23660	
P.O., State and ZIP Code	
Oakland CA 94623-0660	
Postage	S
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	S
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**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: S. Hugo #5509

Mr. Joel Howie  
Caltrans Envr. Engr.  
P.O. Box 23660  
Oakland CA 94623-0660

4a. Article Number  
P 072 565 855

4b. Service Type

<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

7. Date of Delivery  
NOV 15 1985

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service