

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

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

Certified Mail #P143 589 325
10/02/96
STID# 345

Notice of Requirement to Reimburse

W L Race Trust
Brooks Auto Service
P.O. Box 3435
Walnut Creek, Ca 94598

Responsible Party (RP) #1
Property Owner

Sylvester Brooks
Brook's Auto Service
1101 28th Street
Oakland, Ca 94608

Responsible Party (RP) #2
OPERATOR

Brook's Auto Service
1101 28th St
Oakland, CA 94608

SITE

Date First Reported 06/24/96
Substance: Gasoline
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 (RPs) 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
 10/02/96
 StID# 345
 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 Dale Klettke, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.

Gordon Coleman
 Gordon Coleman, Acting Chief
 Contract Project Director

Please Circle One **Add** Delete Change

Reason: NEW CASE

c: Lori Casias, SWRCB
 Dale Klettke, Hazardous Materials Specialist

P 143 589 325

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

Send to	Sylvester Brooks
Street Number	Brooks Auto Service
	1101-28th Street
Post Office, State, & ZIP Code	Oakland, 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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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): 1. <input checked="" type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: STID 345 Sylvester Brooks Brooks Auto Service 1101 - 28th Street Oakland, CA 94608		4a. Article Number P 143 589 325
5. Signature (Addressee) <i>Sylvester Brooks</i>		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 checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)		7. Date of Delivery 10-4-96
8. Addressee's Address (Only if requested and fee is paid)		

Thank you for using Return Receipt Service

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W L Race Trust
Brooks Auto Service
P.o. Box 3435 3345
Walnut Creek, Ca 94598

Responsible Party (RP) #1
Property Owner

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Brook's Auto Service
1101 28th Street
Oakland, Ca 94608

Responsible Party (RP) #2

OPERATOR

Brook's Auto Service
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 Contract Project Director

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 Dale Klettke, Hazardous Materials Specialist

P 143 589 324

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Sent To W L Race Trust	
Street & Number Brooks Auto Service	
Post Office, State, & ZIP Code P.O. Box 3435, W.C 94598	
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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

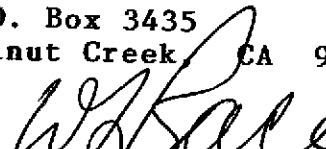
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: W. L. Race Trust Brooks Auto Service P.O. Box 3435 Walnut Creek, CA 94598	4a. Article Number P 143 589 324
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	7. Date of Delivery
5. Signature (Addressee) 	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	

In your RETURN ADDRESS completed on the reverse.

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