

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
ALAMEDA COUNTY-ENV. HEALTH DEPT.  
ENVIRONMENTAL PROTECTION DIV.  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577  
(510)567-6700

Certified Mail # Z 296 048 441  
09/19/95 - STID# 5552

Notice of Requirement to Reimburse

Ronn Simpson  
Ronn Simpson  
P. O. Box 3090  
Berkeley, C A 94703

Responsible Party (RP)  
Property Owner

Ronn Simpson  
489 43rd St  
Oakland , CA 94609

SITE

Date First Reported 09/18/95  
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 (RPs) 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 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 secondary RP, contact this office.

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 Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

*George Young*  
George Young, Acting Chief  
Contract Project Director

Please Circle One Add Delete Change

Reason: New Case

c: Mike Harper, SWRCB

#5552  
E2

Z 296 048 441



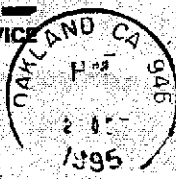
**Receipt for  
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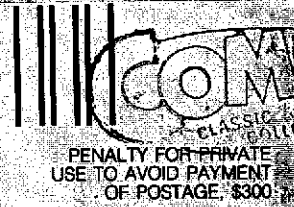
PS Form 3800, March 1993

Sent to	Ronn Simpson	
Street and No.	PO Box 3090	
P.O., State and ZIP Code	Berkeley CA 94703	
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$
Postmark or Date		

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Alameda County CC4580  
Dept. of Environmental Health  
Environmental Protection Division  
1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577

**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: E. Chu #5552  
Ronn Simpson  
P.O. Box 3090  
Berkeley CA 94703  
*Ro 270*

4a. Article Number  
Z 296 048 441

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

7. Date of Delivery  
*10-2-95*

5. Signature (Addressee)  
*Ronn Simpson*

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt