ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621

Dakland, CA 94621 (510) 271-4530

Certified Mail # P 029 244 650

06/03/94 STID# 1996

Notice of Requirement to Reimburse

Mike Cortez Oro Loma Sanitary District 2600 Grant Ave. San Lorenzo, C A 94580

Oro Loma Sanitary Dist 2600 Grant Ave San Lorenzo , CA 94580 Responsible Party Property Owner

SITE

Date First Reported 09/30/93

Substance: Diesel Petroleum: (X) Yes

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 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 Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above 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 State Water Resources Control Board.

Please contact Juliet M SHIN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar/B. Howell, III, Chief Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:

Dew: X Reason:

P 029 244 650



Receipt for Certified Mail
No insurance Coverage Provided Do not use for International Mail (See Reverse)

	Sent to Mike Corte	Z			
	Street and No. 2600 Grant Ave.				
	P.O., State and ZIP Code San Lorenz	o CA 9458	0		
	Postage	\$			
	Certified Fee				
PS Form 3800 , June 1991	Special Delivery Fee				
	Restricted Delivery Fee				
	Return Receipt Showing to Whom & Date Delivered				
	Return Receipt Showing to Whom, Date, and Addressee's Address				
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<u>IDDRESS</u> completed on the reverse side?	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 the return this card to you. Attach this form to the front of the mailpiece, or on the back is does not permit. Write "Return Receipt Requested" on the article was delivered a delivered. 3. Article Addressed to: 94 1996 Mike Cortez Oro Loma Sanitary District 2600 Grant Avenue San Lorenzo CA 94580	icle number. Ind the date 4a. Arti 4b. Sern Regis X Certi Expre	Consult postmaster for fee. cle Number 029 244 650 vice Type stered	To using meturn receipt service.
s your RETURN	5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 &U.S. GPO: 1993-352	and f	essee's Address (Only if requested ee is paid)	7 YIBIII