ALAMEDA COUNTY

HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 118 918 783

06/23/92 STID# 650 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

Randall E. Nahas R T Nahas Company 20630 Patio Drive Castro Valley, Ca 94546

Responsible Party #1 Property Owner

Frank Tien Tien's Unocal 20405 Redwood Road Castro Valley, Ca 94546

Responsible Party #2 Contact Person Contact Company

Tien Unocal Sparky Int'l 20405 Redwood Rd. Castro Valley, CA 94546

SITE

Date First Reported 04/18/90

Substance: Gasoline 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 overseeing removal 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 indentified 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 Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 118 918 783

Receip: 1	Gr
Certified	Mail

No Insurance Coverage Provided Do not use for International Mail (SS) #650 (See Reverse)

	Sent to Frank Tien			
	Street and No. 20405 Redwood Road			
	P.O., State and ZIP Coce Castro Valley, CA 94546			
	Postage 1	\$		
	Certified Fae			
	Specia Delivery Fee			
	Restricted Delivery Fee			
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PS Form 3800 , June 1991	Return Receipt Showing to Whom, Date, and Addressee's Address			
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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 it does not permit. Write "Return Receipt Requested" on the mailpiece below the article to and the date of delivery.	f space 1. Addressee's Address icle number on delivered 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: (SS) #650 Tien's Unocal Attn: Frank Tien 20405 Redwood Road Castro Valley, CA 94546	4a. Article Number P 118 918 783 4b. Service Type Registered Insured XX Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressee) 6. Signature (Agent) 1000 +US 000: 1991-29	8. Addresses's Address (Only if requested and fee is paid)

ALAMEDA COUNTY

HEALTH CARE SERVICES





DAVID J. KEARS, Agency Director

State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail #

P 118 918 782

06/23/92 STID# 650

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Edgar B. Howell, III, Chief Contract Project Director

Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 115 918 782



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

	Randall E. Nahas				
	Street and No. 20630 Patio Drive				
	P.O., State and ZIP Code Castro Valley,	CA 94546			
PS Form 3800, June 1991	Postage	\$			
	Contified Fee				
	Special Delivery rise				
	Restricted Delivery Fee				
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Complete items 3, and 4e & b. Complete items 3, and 4e & 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 mallplace, or on the back does not permit. Write "Return Receipt Requested" on the mallplace below the are the Return Receipt Fee will provide you the signature of the perto and the gate of delivery.	if space 1. Addressee's Address ticke number 2. Restricted Delivery
3. Article Addressed to:	4a. Article Number
(SS) #650 R T Nahas Company Attn: Randall E. Nahas 20630 Patifo Drive Castro Valley, CA 94546	P 118 918 782 4b. Service Type Registered Insured XXCertified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery 6-29-50
6. Signature (Agent)	8. Addressee's Address (Only if requeste and fee is paid)