

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 062 128 130

07/13/92  
STID# 583

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

Notice of Requirement to Reimburse

Port of Oakland  
Attn: Mr. Andrew Clark-Clough  
530 Water St.  
Oakland CA 94607

Responsible Party #1  
Property Owner

Mr. Gary Mitchell  
U P S  
8400 Pardee Drive  
Oakland Ca 94621

Responsible Party #2  
Contact Person  
Contact Company

United Parcel Service  
8400 Pardee Dr.  
Oakland, CA 94621

SITE

Date First Reported  
Substance:  
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 Barney CHAN, 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 062 128 130

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(BC) #583 (See Reverse)

Sent to	
Gary Mitchell	
Street and No.	
8400 Pardee Drive	
P.O., State and ZIP Code	
Oakland, CA 94621	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom Delivered and Date Delivered	
Return Receipt showing to whom Delivered and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

ST10 583

PS Form 3800 June 1983

Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) **ST10 583**      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  UPS Attn: Gary Mitchell 8400 Pardee Drive Oakland, CA 94621	4. Article Number <b>P 062 128 130</b> Type of Service: <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
5. Signature - Address <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b> <i>Deborah Lopez</i>	
7. Date of Delivery <b>7-20-92</b>	

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 062 128 129

07/13/92  
STID# 583

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(BC) #583 (See Reverse)

PS Form 3800, June 1983

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Street and No. <b>530 Water St.</b>	
P.O. State and ZIP Code <b>Oakland, CA 94607</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Delivered and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

ST10 583

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Type of Service: <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	
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Address <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>7-17-82</b>	