



Certified Mail # P 367 604 475

05/20/92
STID# 1713

DEPARTMENT OF ENVIRONMENTAL HEALTH
-HAZARDOUS MATERIALS DIVISION
30 Swan Way, Rm. 200
Oakland, CA 94602
510 271-2200

Notice of Requirement to Reimburse

Compliance Analyst
Unocal
911 Wilshire Bl. #1010
Los Angeles, C A 90017

Responsible Party
Property Owner

Unocal #5484
18950 Lake Chabor Rd.
Castro Valley , CA 94546

SITE Date First Reported 06/16/89
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

ec

P 367 604 475
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

EC #1713 (See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

| | |
|---|----|
| Sent to Compliance Analyst | |
| Street and No. 911 Wilshire Bl #1010 | |
| P.O., State and ZIP Code Los Angeles, CA 90017 | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt showing to whom and Date Delivered | |
| Return Receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | \$ |
| Postmark or Date | |

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)
 2. Restricted Delivery (Extra charge)

3. Article Addressed to: **RW 552**
 EC #1713
 Compliance Analyst
 Unocal
 911 Wilshire Bl. #1010
 Los Angeles, CA 90017

4. Article Number
 P 367 604 475

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X

6. Signature - Agent
 X *Paul Ramsey*

7. Date of Delivery
 JUN 2 1992

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