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

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03/09/92 STID# 1040 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

## Notice of Requirement to Reimburse

William C. Robinson 🥕 Commercial And Industrial Sup. 600 W. Grand Avenue Oakland, C A 94612

Dave's Station 2250 Telegraph Ave. Oakland , CA 94612

Responsible Party Property Owner

Date First Reported 08/28/90

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.

SITE

Please contact Tom PEACOCK, Supervising 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 367. 604 132

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

989-234-555	Sent to William C. Robinson  Street and No. 600 W. Grand Av.	
~ U.S.G.P.O. 1989-234-555	P.O., State and ZIP Code  Oakland CA 946  Postage	
$\circ$	Certified Fee	
040	Special Delivery Fee	
10	Restricted Delivery Fee	
55	Return Receipt showing to whom and Date Delivered	
e 19	Return Receipt showing to whom, Date, and Address of Delivery	
o, Jur	TOTAL Postage and Fees	2.29
PS Form 3800, June 1985	Postmark or Date 3.16	, 92

Put your address in the "RETURN TO" Space on the revers card from being returned to you. The return receipt fee will prove to and the date of delivery. For additional lees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional service(s) request 1. Show to whom delivered, date, and addressee's additional s	se side. Failure to do this will prevent this ovide you the name of the person delivered services are available. Consult postnied.  2. Restricted Delivery (Extra charge)  4. Article Number  Type of Service: Insured COD Registered Registered For Merchandise or agent and DATE DELIVERED.
5. Signature – Address X 6. Signature – Address X 7. Date of Delivery 3. / 7. 97	8. Addressee's Address (ONLY if requested and fee paid)