



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director
State Water Resources Control Board
Division of Clean Water Programs
DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
UST Local Oversight Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

certified mailer #P 367 603 895

February 25, 1992
STID# 71

Notice of Requirement to Reimburse

J.W. and Barbara O. Silveira
ATTN: Mr. J. W. Silveira
499 Embarcadero
Oakland CA, 94606

Responsible Party
Contact Person
Property Owner

Mel Senna Brake Service
2301 E. 12th St.
Oakland, CA 94606

SITE

Date First Reported: 12/24/90
Substance: gasoline, diesel, oil
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 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.

If you have any questions concerning this matter please contact Barney Chan, Hazardous Material Specialist, at (510) 271-4530.

Sincerely,


Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use : add: X Reason: New case

P 367 603 895
RECEIPT FOR CERTIFIED MAIL

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

ST1D
 71

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to J & B Silveira	
Street and No. 499 Embarcadero	
P.O., State and ZIP Code Oakland 94606	
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	\$ 2.29

Postmark or Date
 2-28-92
 430.4530 -

CAUTION: Complete items 1 and 2 when additional services are desired, items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent card from being returned to you. The return receipt fee will provide you the name of the person to whom and the date of delivery. For additional fees the following services are available. Select postmark for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to: J & B Silveira 499 Embarcadero Oakland, CA 94606	4. Article Number
	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 DATE DELIVERED .	
5. Signature - Address X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 2 Mar 92	