ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH

State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program 80 Swan Way, Rm 200 Oakland, CA 94621

(510) 271-4530

Certified Mail #

10/28/92 STID# 470

Notice of Requirement to Reimburse

Tom Moffatt Vorelco Inc. 4a01 3800 Hamlin Rd. Auburn Hills, Mi 48326

Responsible Party #1 Property Owner

Broadway Volkswagen 2740 Broadway Oakland C A 94612 Responsible Party #2 Contact Person Contact Company

Broadway Volkswagen 2740 Broadway Oakland, CA 94612

SITE

Date First Reported 08/15/88

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 site investigation 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 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:

Update: X Reason: New Address RP #1

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 # \$ 869 531 74

03/20/92 STID# 470 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

Tom Moffatt Vorelco Inc. 888 W. Big Beaver Rd. Troy M I 48007

Responsible Party #1 Property Owner

Broadway Volkswagen 2740 Broadway Oakland C A 94612

Responsible Party #2 Contact Person Contact Company

Broadway Volkswagen 2740 Broadway Oakland, CA 94612

SITE

Date First Reported 08/15/88

Substance: Gasoline Petroleum: (X) Yes

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Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 869 531 741

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

Sent to Broadwayd Volkswagen 2740 Broadway
P.O., State & ZIP Code Oakland CA 94612 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Address of Delivery PS Form 3800, June TOTAL Postage Postmark or Date

P 869 531 740

Certified Mail Receipt

		overage Provided nternational Mail	
	Sent to		
	Tom Moffatt		
	Street & No.		
	888 W. Big Beaver Rd		
	Troy MI 48007		
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\sim	Certified Fee		
;	Special Delivery Fee		
PS Form 3800 , June 1990	Restricted Delivery Fee		
	Return Receipt Showing to Whom & Date Delivered		
	Return Receipt Showing to Whom, Date, & Address of Delivery		
	TOTAL Postage & Fees	\$	
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• Complete terms 1 and/or 2 for additional services. • Complete heres 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 is does not permit. • Write "Return Receipt Requested" on the mailpiece below the article and the date of delivery. 3. Article Addressed to: Broadwayd Volkswagen 2740 Broadway Oakland CA 94612	f space 1. Addressee's Address
5. Signature (Addressee) 6. Signature (Agent) 7. Signature (Agent) 8. Signature (Agent)	8. Addressee's Address (Only if requested and fee is paid) Only if requested and fee is paid) Only if requested and fee is paid.