

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6700

Certified Mail # Z 196 176 916  
07/24/95  
STID# 612

**Notice of Requirement to Reimburse**

Victor Salazar  
Caltrans District 4  
1545 Willow St.  
Oakland C A 94607

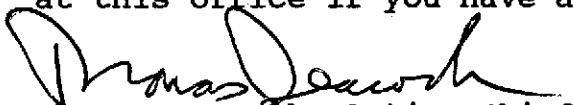
Responsible Party  
Property Owner

Phoenix Iron Works  
888 Cedar St  
Oakland , CA 94607

SITE Date First Reported 11/01/93  
Substance: Diesel  
Petroleum: (X)Yes  
Source: f

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 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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced 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 SWRCB.

This agency's decision to name you responsible for corrective action is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of this notice. To obtain petition procedures, please fax request to Roni Riley at (916) 227-4349 or telephone (916) 227-4408. Please contact Susan HUGO, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Thomas Peacock, Acting Chief  
Contract Project Director

c: Mike Harper, SWRCB  
Add:  Reason: new case  
Delete:  Reason: \_\_\_\_\_  
Change:  Reason: \_\_\_\_\_

SH

#612  
SH

Z 196 176 916



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to	
Victor Salazar	
Street and No.	
1545 Willow Street	
P.O., State and ZIP Code	
Oakland CA 94607	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can attach this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to: #612 S.Hugo

Victor Salazar  
Caltrans District 4  
1545 Willow Street  
Oakland CA 94607

4a. Article Number  
Z 196 176 916

4b. Service Type

Registered     Insured

Certified     COD

Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
7-28-95

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.