## ALAMEDA COUNTY HEALTH CARE SERVICES

## **AGENCY**

DAVID J. KEARS, Agency Director



Alameda County CC4580 Environmental Health Services 1131 Harbor Bay Pkwy., #250 Alameda CA 94502-6577 (510)567-6700 FAX(510)337-9335

Certified Mail # P 143 588 288 04/30/96 - STID# 4732

## Notice of Requirement to Reimburse

Warren Hagstrom Hagstrom Properties 260 Village Square, Orinda, Ca 94563

Hagstrom Properties, L P 265 30th St Oakland , CA 94601 Responsible Party Property Owner

SITE

Date First Reported 11/28/95

Substance: Gasoline 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 so or entity (ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY WOTIFIED 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.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please fax your request to Roni Riley at the SWRCB at (916) 227-4349 or telephone (916) 227-4408. Please contact Madhulla LOGAN, Hazardous Materials Specialist at this office of you have any questions concerning this matter.

Gordon Coleman, Acting Chief Contract Project Director

c:		Harper,				
	Add:	×	Reason:	NEW	 	 
De]	lete:		Reason:			 
Cha	ange:		Reason:			

Standard Form UST03 (6/93) ;Report: Reimb 5/95

ML. #4733 588 288

## US Postal Service Receipt for Certified Mail

NO	Insurance	Coverage Pro	oviaea.	
ħ۸	not use for	International	Mail (Soo	roverse)

Sentio Warren Hagstrom					
Street & Number 260 Village Square					
Post Office, State, & ZIP Code 94563					
Postage	\$				
Certified Fee					
Special Delivery Fee					
Restricted Delivery Fee					
Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Tate A Addresses's Address					
Return Receipt Showing to Whom, Date, & Addressee's Address					
TOTAL Postage & Fees	\$				
Postmark or Date					
TOTAL Postage & Fees Postmark or Date					
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is your RETURN ADDRESS completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and 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: M. Logan #4732  Warren Hagstrom  Hagstrom Properties 260 Village Square Orinda CA 94563	4a. Article Number P 143 588 288  4b. Service Type Registered XXX Certified Express Mail Insured Return Receipt for Merchandise COD  7. Date of Delivery	
	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  M  T  T  T  T  T  T  T  T  T  T  T  T	8. Addressee and fee is	· · · · · · · · · · · · · · · · · · ·
	PS Form <b>3811</b> , December 1994		Domestic Return Receipt