

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 196 176 925
07/25/95
STID# 2485

Notice of Requirement to Reimburse

Attn: Susa Gates
Port Of Oakland, Environ. Dept
530 Water St.
Oakland C A 94607

Responsible Party #1
Property Owner

N/a
American President Lines
1395 Middle Harbor Rd.
Oakland C A 94607

Responsible Party #2
tank operator

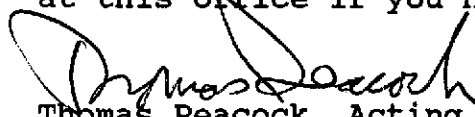
Port of Oakland
1395 Middle Harbor Rd
Oakland, CA 94612

SITE

Date First Reported 07/24/95
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 your request to Roni Riley at (916) 227-4349 or telephone (916) 227-4408. Please contact Jennifer EBERLE, 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: _____



#2485
JE

Z 196 176 925



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Susa Gates	
Street and No. 530 Water 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 2 for additional services.
- Complete items 3, 4a & b.
- Print your name and address on the reverse of this form so that we can return 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: #2485 J.Eberle

Susa Gates
Port of Oakland, Env. Dept.
530 Water Street
Oakland CA 94607

4a. Article Number

Z 196 176 925

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

8/17/91

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3800, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

Certified Mail # Z 196 176 924
07/25/95
STID# 2485

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

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Port Of Oakland, Environ. Dept
530 Water St.
Oakland C A 94607

Responsible Party #1
Property Owner

N/a

American President Lines
1395 Middle Harbor Rd.
Oakland C A 94607

Responsible Party #2
tank operator

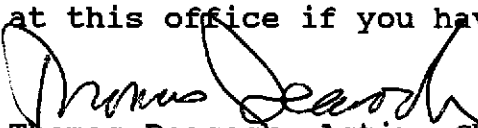
Port of Oakland
1395 Middle Harbor Rd
Oakland, CA 94612

SITE

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Petroleum: (X)Yes
Source: f

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Thomas Peacock, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB
Add: Reason: *new*
Delete: Reason: _____
Change: Reason: _____



#2485

JE

Z 196 176 924



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to	American Pres. Lines
Street and No.	1395 Middle Harbor Rd.
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?

- SEND**
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 - Complete items 3, and 4a & b.
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Consult postmaster for fee.

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#2485 J. Eberle

American President Lines
1395 Middle Harbor Rd.
Oakland CA 94607

4a. Article Number
Z 196 176 924

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
5/14

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.