

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 # P 367 604 162

03/13/92
STID# 3749

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

Bo Gin
Oakland Auto Parts & Tires
288 - 11th Street
Oakland, C A 94607

Responsible Party
Property Owner

Oakland Auto Parts
706 Harison St.
Oakland , CA 94612

SITE

Date First Reported 01/17/91
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 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 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:

Add: X Reason: New Case

ee

P 367 604 162
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1989-234-555
 PS Form 3800, June 1985

Sent to Oakland Auto Parts	
Street and No. 288 - 11th St.	
P.O., State and ZIP Code Oakland, CA 94607	
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 3.18.92	

STD # 3749

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

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

3. Article Addressed to: Std # 3749 Oakland Auto Parts + Tires attn: Bo Gin 288 - 11th Street Oakland, CA 94607	4. Article Number P 367 604 162
5. Signature - Addressee X	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
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery 3-19-92	8. Addressee's Address (ONLY if requested and fee paid)

RO 484

Is your RETURN ADDRESS complete? See 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 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.

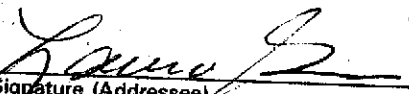
3. Article Addressed to: (EC) #3749
 RO 484
 Bo Gin
 288 11th Street
 Oakland CA 94607

4a. Article Number
 P 113 815 349

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

7. Date of Delivery
 2-10-93

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

5. Signature (Addressee)


6. Signature (Agent)

Thank you for making Return Receipt Service