



Certified Mail # Z 296 048 487  
12/18/95  
STID# 4017

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Environmental Protection Division  
1131 Harbor Bay Parkway, #250  
Alameda, CA 94502-6577  
(510) 567-6700

**Notice of Requirement to Reimburse**

Dan Kirk  
Shell Oil Co.  
Po Box 4023  
Concord C A 94524

Responsible Party (RP)  
Property Owner

Shell Oil Co.  
610 Market St  
Oakland , CA 94607

SITE

Date First Reported 08/17/95  
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(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.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

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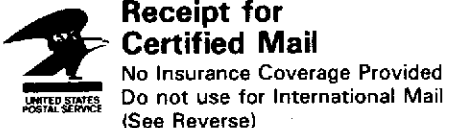
Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley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

*Gordon Coleman*  
 Gordon Coleman, Acting Chief  
 Contract Project Director

c: Mike Harper, SWRCB  
*JH*

Please Circle One **Add** Delete Change  
 Reason: new

#4017  
 JE  
 Z 296 048 487



PS Form 3800, March 1993

|   |    |
|---|----|
| Sent to<br>Dan Kirk   |    |
| Street and No.<br>P.O. Box 4023                               |    |
| P.O., State and ZIP Code<br>Concord CA 94524                  |    |
| Postage   | \$ |
| Certified Fee   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee                                       |    |
| Return Receipt Showing to Whom & Date Delivered               |    |
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| TOTAL Postage & Fees  | \$ |
| Postmark or Date  |    |

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| <b>SENDER:</b><br>■ Complete items 1 and/or 2 for additional services.<br>■ Complete items 3, 4a, and 4b.<br>■ Print your name and address on the reverse of this form so that we can return this card to you.<br>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.<br>■ Write "Return Receipt Requested" on the mailpiece below the article number.<br>■ 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):<br>1. <input type="checkbox"/> Addressee's Address<br>2. <input type="checkbox"/> Restricted Delivery<br>Consult postmaster for fee.  |
| 3. Article Addressed to: J. Eberle #4017<br><br>Dan Kirk<br>Shell Oil Company<br>P.O. Box 4023<br>Concord CA 94524  | 4a. Article Number<br>Z 296 048 487 | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |
| 5. Received By: (Print Name)<br><br>6. Signature: (Addressee or Agent)<br>X <i>Baker</i>  | 7. Date of Delivery<br>DEC 22 1995  |   |
|   |                                     | 8. Addressee's Address (Only if requested and fee is paid)  |

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