ALAMEDA COUNTY HEALTH CARE SERVICES

AGENCY DAVID J. KEARS, Agency Director



State Water esources Control Board Division of Clean Water Programs UST Local Oversight Programs

RAFAT A. SHAHID, Assistant Agency Director

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

certified mailer

#P 367 604 416

April 10, 1992 STID# 3934

Notice of Requirement to Reimburse

Mr. Manuel Rodrigues 1662 Clearview Dr. San Leandro CA 94577

Sewer

Responsible Party Contact Person Property Owner

Manuel Rodrigues Sewer 1009 89th Ave. Oakland, CA 94621

SITE

Date First Reported: 05/10/85 Substance: gasoline Petroleum (%) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Pund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanur 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 identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY MOTIFIED 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 of Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversions. 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 revelpt of a detailed invoice from the State Water Resources Control Board

If you have any questions concerning this matter please contact Barney Chan, Hazardous Material Specialist, at (510) 271-4530.

Sincerely,

Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use :

add: X

Reason: New case

SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will p to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's ad (Extra charge)	se side. Failure to do this will prevent this rovide you the name of the person delivered, services are available. Consult postmaster ted.
3. Article Addressed to:	4. Article Number P 367 604 416
Manuel Rodrigues 1662 Clearview Dr. San Leandro, CA 94577	Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address , X Holde Kodreguls	8. Addressee's Address (ONLY if requested and fee paid)
ø. Signature – Agent /	APR 20 1992
7. Date of Delivery	-865 DOMESTIC RETURN RECEIPT

Manuel Rodrigues Sewer 1009 89th Ove Dakland 94621

P 367 604 416 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (BC) #3934 (See Reverse) Sent to Manuel Rodrigues Street and 662 Clearview Dr. PO. State and ZIP Code San Leandro, CA 94577 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt showing to whom and Date Delivered rm 3800, June 1985 Return Receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date