

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



R0533

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 296 048 439
09/01/95
STID# 4463

ALAMEDA COUNTY-ENV. HEALTH DEPT.
ENVIRONMENTAL PROTECTION DIV.
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577
(510)567-6700

Notice of Requirement to Reimburse

Jason Baker
City Of Albany
1000 San Pablo
Albany CA 94706

Responsible Party #1
Property Owner

Jim De Voss
General Services Agency
1401 Lakeside Dr. 11th Flr
Oakland, Ca 94612

Responsible Party #2
Operator of UST


Memorial Park / Albany
1325 Portland Ave
Albany, CA 94706

SITE

Date First Reported 06/23/93
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.

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 Juliet M SHIN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Leroy Todd, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB
Add: Reason: Additional RP (RP#2)
Delete: Reason: _____
Change: Reason: _____

Is your RETURN ADDRESS completed on the reverse 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: J. Shin #4463

Jim DeVoss
 General Services Agency
 1401 Lakeside Dr., 11th Floor
 Oakland CA 94612

1375 Portland Albany

4a. Article Number
 Z 296 048 438

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

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

#4463
 JMS

Z 296 048 438



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to		Jim DeVoss
Street and No.		1401 Lakeside Dr., 11th Flr
P.O., State and ZIP Code		Oakland CA 94612
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		

#4463
JMS

Z 296 048 439



**Receipt for
Certified Mail**

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

PS Form 3800, March 1993

Sent to	
Jason Baker	
Street and No.	
1000 San Pablo	
P.O., State and ZIP Code	
Albany CA 94706	
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	

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

R0533

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 296 048 438
09/01/95
STID# 4463

ALAMEDA COUNTY-ENV. HEALTH DEPT.
ENVIRONMENTAL PROTECTION DIV.
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577
(510)567-6700

Notice of Requirement to Reimburse

Jason Baker
City Of Albany
1000 San Pablo
Albany C A 94706

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Property Owner

Jim De Voss
General Services Agency
1401 Lakeside Dr. 11th Flr
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Memorial Park / Albany
1325 Portland Ave
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SITE

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Leroy Todd, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB
Add: Reason: Additional RP (RP#2)
Delete: Reason: _____
Change: Reason: _____

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



R0533

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 367 603 853

07/01/93
STID# 4463

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Notice of Requirement to Reimburse

Jason Baker
City Of Albany
1000 San Pablo
Albany C A 94706

Responsible Party
Property Owner

Memorial Park / Albany
1325 Portland Ave.
Albany , CA 94706

SITE

Date First Reported 06/23/93
Substance:
Petroleum: (X) Yes

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Please contact Juliet M SHIN, 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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

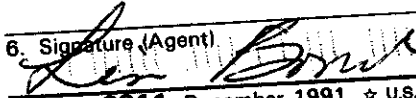
3. Article Addressed to:

Jason Baker
City of Albany
1000 San Pablo
Albany CA 94706

JMS

5. Signature (Addressee)

6. Signature (Agent)



4a. Article Number

P 367 603 853

4b. Service Type

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

7. Date of Delivery

7-09-92

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

PS Form 3811, December 1991 ☆ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 367 603 853

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	
Street and No.	
P.O., State and ZIP Code	
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	\$
Postmark or Date	