DAVIDU KEARS, Aça , Direcia



HAPFT SHAMID LES AGENCY D'RECTOR

Elsan Christian Heriotholis Control Brief Discussion Crean Viator Programs UST Lucai Oversight Program 80 Swan Way, Rm 200 Oakland, CA 94621 (510) 271-4530

Certified Mail # P 386 338 104

08/24/93 STID# 1174

Notice of Requirement to Reimburse

Jim De Vos General Services Agency 4400 Mac Aurthur Blvd. Oakland, Ca 94619

Fairmont Hospital 15400 Foothill Blvd. San Leandro , CA 94578 Responsible Party Property Owner

SITE

Date First Reported 08/13/93

Substance: Diesel 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 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 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 Scott SEERY, 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

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4s & b. • Complete items 3, and 4s & 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. does not permit. • Write "Return Receipt will show to whom the article was delivered and the date of the date o			STATE OF THE STATE	
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