## 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

FAFAT A. SHAHID. Assistant Agency Director

Certified Mail # P 113 815 242

07/10/92 STID# 4243 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4530

## Notice of Requirement to Reimburse

Mary Gifford Gifford Residence 891 Union Street Alameda, Ca 94501

Gifford Residence 891 Union St. Alameda , CA 94501 Responsible Party Property Owner

SITE

Date First Reported 05/11/92

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 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 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

Garp Howelton

SWRCB Use:

Add: X Reason: New Case

verse 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 numb.  The Return Receipt will show to whom the article was delivered and the datalitized.	Consuit postmaster for too	
our RETURN ADDRESS completed of	Gifford Residence Attn: Mary Gifford 891 Union Street Alameda, CA 94501	pervice Type gistered	Tha
5	PS Form 3811, December 1991 & U.S.G.P.O.: 1992-307-530	DOMESTIC RETURN RECEIPT	

(JMS	P 113 81  Receipt for Certified M  No Insurance Cor Do not use for In  #4243See Reverse)  Sent to	<b>ail</b> verage Provided
	Mary Gifford	
	891 Union Stre	
ļ	Alameda, CA 94	4501
Ì	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
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ne 19	Return Receipt Snowing to Whom, Date, and Addressee's Address	
— <b>,</b>	TOTAL Postage & Fees	\$
 PS Form <b>3800,</b> June 1991	Postmark or Date	

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