

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 418 724 699

03/01/94
STID# 674

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

Attn. Herb Ng
U. S. Bureau Of Reclamation
R R - 1, Box 35
Byron, C A 94514-9614

Responsible Party
Property Owner

U S Bureau of Reclamation
0 Mt. House & Kelso
Tracy , CA 95376

SITE

Date First Reported 02/28/94
Substance: Gasoline
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 Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Edgar B. Howell, III, Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: ADD : X Reason: *New Case*

P 418 724 699

EC #674



Receipt for Certified Mail

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

Sent to	
Herb Ng	
Street and No	
R R - 1, Box 35	
P O, State and ZIP Code	
Byron CA 94514-9614	
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	
3/7/94	

PS Form 3800, June 1991

PS

UNITED STATES POSTAL SERVICE



Official Business

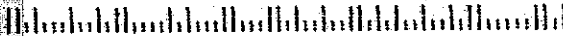
PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE: \$300

ALCO HIAZMAT 94 MAR 10 AM 11:14

Print your name, address and ZIP Code here

Alameda County
Health Care Services Agency
Hazardous Materials Division
80 Swan Way, Room 200
Oakland CA 94621

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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.

<p>3. Article Addressed to: EC #674 ROSA8 Attn: Herb Ng US Bureau of Reclamation R R 1, Box 35 Byron CA 94514-9614</p>	<p>4a. Article Number P 418 724 699</p>
<p>5. Signature (Addressee) <i>Herb Ng</i></p>	<p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>
<p>6. Signature (Agent) <i>Lombardi</i></p>	<p>7. Date of Delivery 3/8/94</p>
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt Service.