

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



R0611

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 422 218 136

12/20/93
STID# 4472

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

Robert Cotler

17505 Mines Road
Livermore, C A 94550

Responsible Party #1
Property Owner

Ed Bretz
N/a

P. O. Box 2139
Friday Harbor, W A 98250

Responsible Party #2
Contact Person
Contact Company

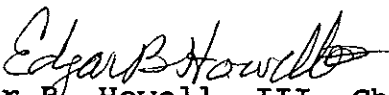
Ed Bretz (Private Ranch)
17505 Mines Rd
Livermore, CA 94550

SITE

Date First Reported 12/14/93
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

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



R0611

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 422 218 140

12/20/93
STID# 4472

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

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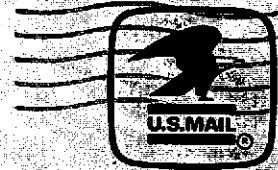
UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

ALCO
PIAZZA
94 JAN -3 PM

Print Sender's name, address, and ZIP Code in the space below.

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621
(415) 271-4320

STID 4472

Complete items 1 and 2 when additional services are desired, and complete items 3 through 8. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to: Ed Bretz RO 611 N/A Po Box 2129 Friday Harbor, WA 98250 EC</p>	<p>4. Article Number P 422 218 140</p>
<p>Type of Service:</p> <p><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>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature - Address X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid) 12-30-93 K Williams</p>
<p>6. Signature - Agent X <i>Jan Byrne</i></p>	
<p>7. Date of Delivery</p>	