

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

Certified Mail # P 113 815 181

10/08/92
STID# 2690

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

Scott Hilyard
State Of Calif. Military Dept.
P. O. Box 214405
Sacramento, Ca 95821-0405

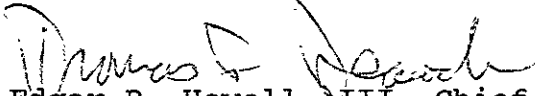
Responsible Party
Property Owner

California Natl Guard Facility
16501 Ashland Ave.
San Lorenzo , CA 94580

SITE Date First Reported 12/01/89
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 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

SWRCB Use: Add: X Reason: New Case

P 113 815 181



Receipt for Certified Mail

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

(JM)

UNITED STATES POSTAL SERVICE
#2690

PS Form 3800, June 1991

| | | |
|---|--|----------------------------|
| Sent to | | Scott Hilyard |
| Street and No. | | P.O. Box 214405 |
| P.O. State and ZIP Code | | Sacramento CA 95821 |
| 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 | | |

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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **2 (JM) #2690**

**Scott Hilyard
State of Calif. Military Dept.
P.O. Box 214405
Sacramento, CA 95821-0405**

4a. Article Number
P 113 815 181

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
DEC 13 1990

5. Signature (Addressee)

6. Signature (Agent)
Mary Moore

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

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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.

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

3. Article Addressed to:

**MR. SCOTT HILYARD
State of CA Military
Dept.
P. O. BOX 214405
Sacramento CA 95821-0405**

4. Article Number
P 062 127 712

Type of Service:

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X **0405**

6. Signature Agent
X *[Signature]*

7. Date of Delivery
6 Dec 89

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 **DOMESTIC RETURN RECEIPT**

P 062 127 712

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to _____

Street and No _____

P.O. State and Zip Code _____

Postage _____

Certified Fee _____

Special Delivery Fee _____

Product's Delivery Fee _____

Return Receipt Fee _____

Return Receipt Fee (if delivery to addressee's address only)

Return Receipt Fee (if delivery to addressee's address only)

Return Receipt Fee (if delivery to addressee's address only)

Return Receipt Fee (if delivery to addressee's address only)

Return Receipt Fee (if delivery to addressee's address only)

Postmark or Date _____