

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

Certified Mail # Z 196 176 819

02/28/95
STID# 3837

Notice of Requirement to Reimburse

Wesley Adams
City Of Alameda
2263 Santa Clara Ave.
Alameda, C A 94501-4455

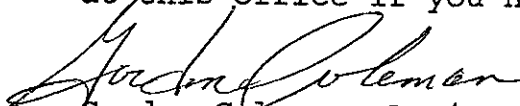
Responsible Party
Property Owner

City of Alameda
2263 Santa Clara Ave
Alameda, CA 94501

SITE Date First Reported 06/24/94
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 Juliet M SHIN, Hazardous Materials Specialist at this office if you have any questions concerning this matter.


Gordon Coleman, Acting Chief
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use: : X Reason: *new case*

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SWRCB Use: : X Reason:

Is your RETURN ADDRESS completed on the reverse side?

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: center;">J. Shin #3837</p> Wesley Adams City of Alameda 2263 Santa Clara Avenue Alameda CA 94501-4455		4a. Article Number <p style="text-align: center;">Z 196 176 819</p>	
5. Signature (Addressee) <p style="text-align: center;"><i>Hinda Justus</i></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	
6. Signature (Agent) <p style="text-align: center;"><i>m</i></p>		7. Date of Delivery <p style="text-align: center;">3-6-95</p>	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

JMS
#3837 Z 196 176 819



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

Sent to		Wesley Adams	
Street and No		2263 Santa Clara Ave	
P O, State and ZIP Code		Alameda CA 94501	
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			

PS Form 3800, March 1993