



DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

Certified Mail # P 368 729 296
02/14/96
STID# 4476

Notice of Requirement to Reimburse

Steven Towle
Civic Bank Of Commerce
2101 Webster Street, 14th
Oakland, Ca - 94612

Responsible Party (RP)
Property Owner

Calous Bldg
✓ 730 29th St
Oakland, CA 94609

SITE

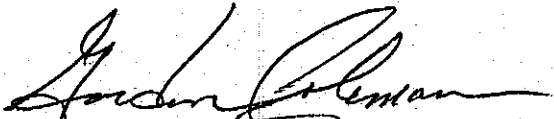
Date First Reported 10/22/86
Substance: Gasoline
Petroleum: (X)Yes
Source: F

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 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 Section 25297.1 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board (SWRCB) not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above referenced 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 SWRCB.

A determination of a secondary RP status may be made if it is shown that one or more of the RP(s) is performing corrective action and it is clear that the party seeking secondary status did not in any way initiate or contribute to the actual discharge. If the primary RP fails to perform corrective action, then the secondary RP will be considered a primary RP. To request designation as a secondary RP, contact this office.

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Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, Please fax your request to Roni Riley at the SWRCB at (916) 227-4349 telephone the SWRCB at (916) 227-4408. Please contact Madhulla LOGAN, Hazardous Materials Specialist at this office if you have any further questions concerning this matter.


Gordon Coleman, Acting Chief
Contract Project Director

c: Mike Harper, SWRCB

Please Circle One Add Delete Change

Reason: New - Add



Official Business

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



ENVIRONMENTAL PROTECTION

96 FEB 21 PM 1:22

Print your name, address and ZIP Code here

Alameda County CA 94580
 Environmental Health Services
 1131 Harbor Bay Pkwy., #250
 Alameda CA 94502-6577
 (510)567-6700 FAX(510)337-9335

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <ul style="list-style-type: none"> • 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. 		<p>I also wish to receive the following services (for an additional fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to: #4476 M. Logan ROBSA</p> <p>Steven Towle Civic Bank of Commerce 2101 Webster St., 14th Oakland CA 94612</p>		<p>4a. Article Number P 368 729 296</p>	
		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>5. Signature (Addressee)</p>		<p>7. Date of Delivery 2-20-96</p>	
<p>6. Signature (Agent)</p> <p><i>[Signature]</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Thank you for using Return Receipt