

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RO667

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6700

Certified Mail # Z 196 176 922  
07/28/95  
STID# 5556

Notice of Requirement to Reimburse

Jack La Claire &  
Anthony Di Francesco  
P.o. Box 1023  
Ross, C A 94947

Responsible Party  
Property Owner

LaClaire & Di Francesco  
5901 Shattuck Ave  
Oakland , CA 94609

SITE

Date First Reported 06/22/95  
Substance: Gasoline  
Petroleum: (X)Yes  
Source: F

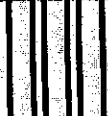
The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and 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.

This agency's decision to name you responsible for corrective action is subject to petition to the SWRCB. Petitions must be filed within 30 days from the date of this notice. To obtain petition procedures, please fax request to Roni Riley at (916) 227-4349 or telephone (916) 227-4408. Please contact Eva CHU, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Thomas Peacock, Acting Chief  
Contract Project Director

c: Mike Harper, SWRCB

Add:  Reason: New Case  
Delete:  Reason: \_\_\_\_\_  
Change:  Reason: \_\_\_\_\_



Official Business

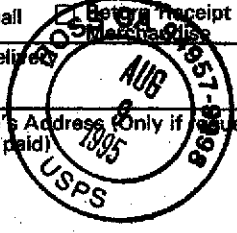
PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300

ENVIRONMENTAL PROTECTION  
95 AUG 11 PM 2:26

Print your name, address and ZIP Code here

ALAMEDA COUNTY CC4580  
DEPT. OF ENVIRONMENTAL HEALTH  
ENVIRONMENTAL PROTECTION DIV.  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	<p>I also wish to receive following services (for an extra 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: #5556 E. Chu <i>Robb</i></p> <p>Jack La Claire &amp; Anthony Di Francesco P.O. Box 1023 Ross CA 94947</p>	<p>4a. Article Number Z 196 176 922</p>
<p>5. Signature (Addressee)</p> <p>6. Signature (Agency)</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 checked="" type="checkbox"/> Return Receipt for Addressee Only</p>	
	<p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>	



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