State Water Resources Control Board Division of Clean Water Programs UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 367 604 255

03/23/92 STID# 1878 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

Notice of Requirement to Reimburse

Don Fong Hoangs Auto Service 20008 Meekland Ave Hayward, C A 94541

Hoang's Auto Care 20009 Meekland Ave. Hayward , CA 94541 Responsible Party Property Owner

Date First Reported 10/16/90

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 The direct and indirect costs of overseeing removal or storage tanks. remedial action at the above site are funded, in whole or in part, from The above individual(s) or entity(ies) have the Federal Trust Fund. 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.

SITE

Please contact Scott SEERY, 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

معا

2 when additional 8	ervices are desired, and complete items
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 put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this put your address in the "RETURN TO" Space on the reverse side.	
card from being returned to You. Idditional fees the following services are available. Consum postulaster	
to and the date of delivery. For additional service(s) request for fees and check box(es) for additional service(s) request 1. Show to whom delivered, date, and addressee's	
3. Article Addressed to: Stip 1878	4. Article Number
- 110	P367 604 255
Houngs Arto Service Dontong 2000 Medeland Are	Registered Insured
Donfong	Certified COD Return Receipt for Merchandise
	Always obtain signature of addressee
Hayward, CA 94541	or agent and DATE DELIVERED.
5. Signature Address	8. Addressee's Address (ONLY if requested and fee paid)
6. /Signature - Agent	1
* turk 1 lang	
7. Date of Delivery	, 4
PS Form 3811. Mar. 1988 * U.S.G.P.O. 1988-212	2-865 DOMESTIC RETURN RECEIPT
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865	
PE	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items	
3 and 4. Space on the reverse side. Failure to do this will present	
to and the date of delivery. For additional fees the following services are available.	
	dress. 2. Restricted Delivery (Extra charge)
(Extra charge) 3. Article Addressed to:	4. Article Number P 062 127 944
DW FONG	Type of Service:
20008 Meekland are.	Registered Insured
Hayward CA 94541	COD Cortified COD
1,125	Always obtain signature of addressee
	or agent and <u>DATE DELIVERED</u> . 8. Addressee's Address (ONLY if
5. Signature - Address	requested and fee paid)
6. Signature – Agent	1
6. Signature — Agent	<u> </u>
7. Date of Delivery	
PS Form 3811. Mar. 1988 * U.S.G.P.O. 1988-212	2-865 DOMESTIC RETURN RECEIPT
PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865	
<u> </u>	
PS Form 3800, June 1985	± U.S.G.P.O. 1989-234-555
Po To Dae	REC Sent to Street Street Street to Postag
strictum I turn I turn I turn I tete, a stma	Sent to No IN No P O. Street and No P O. State and No P O. Stat
Delived Delived Post	ECEIPT FIND INSUINOR IN
Special Delivery Fee Restricted Delivery F Return Receipt show to whom and Date C Return Receipt show Date, and Address of TOTAL Postage and Postmark or Date	Na ZZ ST FG ON FOR FOR FG
and and	
	ECEIPT FOR CEP NOI INSURANCE COVER NOT FOR INTERNAT (See Reverto No. 1) See and No. 1) State and ZIP Code tage and ZIP Code tage the second See and ZIP Code tage tage tage tage tage tage tage tag
	E CERTIFE E COURAGE PARVOYSE, ARVANDIONAL ARVANDA ARVA
ving belivered whom of Delivery di Fees	HED H 25 T FOR CERTIFIED INSURANCE COVERAGE PROVID NOT FOR INTERNATIONAL MAIL (See Reverse) (See Reverse) So Mealdan and ZIP Code and ZIP Code CA TO
ving belivered whom. If Delivery delivery 26	HET FOR CERTIFIED M. NO INSURANCE COVERAGE PROVIDES NOT FOR INTERNATIONAL MAIL (See Reverse) S NO MAICHANAL S Tee
ee ving belivered whom. If Delivery differs	RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVUDED NOT FOR INTERNATIONAL MAIL (See Reverse) ont to Hames And Dervise ont and No Mealdand A on State and ZIP Code on State and ZIP Code solution of the State and ZIP Code on State and ZIP Code
ving belivered whom. If Delivery delivery 26	6
ee ving belivered ving to whom. If Delivery deli	6