

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # R367 604 257

03/23/92
STID# 2045

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Requirement to Reimburse

Bruce Qvale
Dublin Properties
901 Van Ness Ave
San Francisco, C A 94109

Responsible Party
Property Owner

Valley Nissan Volvo
6015 Scarlett Ct.
Dublin , CA 94568

SITE

Date First Reported 08/22/88
Substance: Waste Oil
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 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 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

eu

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.

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

| | |
|--|---|
| 3. Article Addressed to: <i>Sold 2045</i> <i>Dublin Properties</i> <i>Attn: Bruce Quake</i> <i>901 Van Ness Av</i> <i>S.F. CA 94109</i> | 4. Article Number <i>P 367 604 257</i> |
| 5. Signature - Addressee <i>X</i> <i>[Signature]</i> | Type of Service: <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 <i>X</i> | Always obtain signature of addressee or agent and DATE DELIVERED. |
| 7. Date of Delivery MAR 27 1992 | 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 367 604 257

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

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|--|---|------------------|
| U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985 | Sent to <i>Dublin Properties</i> | <i>Sold 2045</i> |
| | Street and No. <i>901 Van Ness Av</i> | |
| | P.O., State and ZIP Code <i>S.F. CA 94109</i> | |
| | Postage | |
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| | Return Receipt showing to whom and Date Delivered | |
| | Return Receipt showing to whom, Date, and Address of Delivery | |
| | TOTAL Postage and Fees | |
| Postmark or Date MAR 26 1992 | | |