## 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 # P 113 815 119

07/15/92 STID# 4263 DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Division 80 Swan Way, Rm. 200 Oakland, CA 94621 (510) 271-4320

## Notice of Requirement to Reimburse

Henry R. Hertlein Mary M. Hertlein 19051 Lake Chabot Road Castro Valley, Ca 94546

Hertlein Electric 19051 Lake Chabot Rd. Castro Valley , CA 94546 Responsible Party Property Owner

SITE

Date First Reported 12/14/88

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 Federal Trust Fund. The above individual(s) or entity(ies) have 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.

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

SENDER:  • 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.			Consult postmaster for fee,	
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Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail

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