

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Certified Mail # P 072 565 844

03/08/93
STID# 1178

Notice of Requirement to Reimburse

Aileen M. Lincoln Tr
P. O. Box 7600
Los Angeles, 90051

Responsible Party #1
Property Owner

Robert Boust
Unocal Corporation
P. O. Box 5155
San Ramon, Ca 94583

Responsible Party #2
Contact Person
Contact Company

Unocal #3690
14999 Farnsworth St.
San Leandro, CA 94579

SITE

Date First Reported 04/30/90
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 storage tanks. The direct and indirect costs of 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 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

1999 FROGSWORTH

Is your RETURN ADDRESS completed on the reverse side?

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.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: (SS) #1178

Robert Boust
Unocal Corporation
P.O. Box 5155
San Ramon CA 94583

4a. Article Number

P 072 565 844

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

MAR 15 1993

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

[Handwritten Signature]

PS Form 3811, December 1991 U.S.G.P.O. : 1992-307-630

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 072 565 844

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(SS) #1178 *(See Reverse)*

Sent to	Robert Boust
Street and No.	P.O. Box 5155
P.O. State and ZIP Code	San Ramon CA 94583
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	

PS Form 3800, June 1985



Certified Mail # p 072 565 843

03/08/93
STID# 1178

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State Water Resources Control Board
Division of Clean Water Programs
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 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery **MAR 15 1993**

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, December 1991 U.S.G.P.O. : 1992-307-830

DOMESTIC RETURN RECEIPT

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P 072 565 843

RECEIPT FOR CERTIFIED MAIL

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NOT FOR INTERNATIONAL MAIL

(SS) #1178 (See Reverse)

Sent to	
Aileen M. Lincoln Tr	
Street and No	
P.O. Box 7600	
P.O., State and ZIP Code	
Los Angeles CA 90051	
Postage	S
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	S
Postmark or Date	

PS Form 3800, June 1985