

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, Rn 200
Oakland, CA 94621
(510) 271-4530

# Certified Mail #P 113 815 456

06/03/93 STID# 1939

## Notice of Requirement to Reimburse

Adadu Yemane Unocal P. O. Box 5155 San Ramon, Ca 94583

Unocal SS #5901 11976 Dublin Blvd. Dublin , CA 94568 Responsible Party Property Owner

Date First Reported 06/21/90

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.

SITE

Please contact Eva CHU, 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

### P 113 815 456

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No Insurance Coverage Provided Do not use for International Mail (See Reverse)

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the rev	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 the return this card to you.  Attach this form to the front of the mailpiece, or on the back does not permit.  Write "Return Receipt Requested" on the mailpiece below the art.  The Return Receipt will show to whom the article was delivered delivered.	if space 1. Addressee's Address
IN ADDRESS completed	Adadu Yemane Unocal P.O. Box 5155 San Ramon, CA 94583 STID# 1939	4a. Article Number  #P 113 815 456  4b. Service Type Registered Insured Cortified COD Express Mail Return Receipt for Merchandise  7. Date of Delivery
your RETT	Signature (Addressee)  Signature (Agent)  Signature (Agent)  Signature (Agent)  Signature (Agent)  Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)