ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

05/13/93

STID# 180

DAVID J. KEARS, Agency Director

Certified Mail # P 113 815 404

R01005

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

Notice of Requirement to Reimburse

A. A. Bartase Lloyd Wise Oldsmobile 10440 E. 14th St. Oakland, C A 94603

Lloyd Wise Oldsmobile 10440 E. - 14th St. Oakland , CA 94603 Responsible Party Property Owner

Date First Reported 02/11/93

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 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

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

DAVID J. KEARS, Agency Director

R01005

(510) 271-4530

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

Certified Mail # P 113 815 399

05/07/93 STID# 180

Notice of Requirement to Reimburse

A. A. Bartase Lloyd Wise Oldsmobile 10440 E. 14th St. Oakland, C A 94603

Lloyd Wise Oldsmobile 10440 E. - 14th St. Oakland , CA 94603 Responsible Party Property Owner

Date First Reported 02/11/93
SITE Substance: Gasoline

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 site investigation 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 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.

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SWRCB Use:

Add: X Reason: New Case

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Complete items 1 and 2 when additional	services are desired, and complete leads
T 3 and 4.	
Pot year address in the "RETURN TO" Space on the rev card from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required.	provide you the name of the person delivered
to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) required.	asted.
1. Show to whom delivered, date, and addressee's (Extra charge)	address. 2. A Restricted Delivery (Extra charge)
	4. Article Number
	#P 113 815 399
A.A. Bartase	Type of Service:
Lloyd Wise Oldsmobile	Registered Insured
10440 E. 14th Street	Contified CoD Express Mail Return Receipt for Merchandise
Oakland, CA 94603	
STID# 180	Always obtain signature of addresses or agent and DATE DELIVERED.
	8. Addressee's Address (ONLY if
5. Signature Address 101	requested and fee paid)
KI / MULL / MULL	4
6 Signature — Agent	1
X	_
7. Date of Delivery	1
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7. Date of Delivery 5-16-23 P\$ Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEPT
P# Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2	12-865 DOMESTIC RETURN RECEPT
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Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2 ***DER: Camplete items 1 and/or 2 for additional services. Camplete items 3, and 4s & b.) also wish to receive the
Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2 ***EDER: * Complete items 1 and/or 2 for additional services. * Complete items 3, and 4a & b. * Print your and address on the reverse of this form so the control this count to you.	i also wish to receive the following services (for an extra fee):
Form 3811, Mar. 1988 * U.S.G.P.O. 1988-2 Camplete items 1 and/or 2 for additional services. Camplete items 3, and 4s & b. Point 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	if space also wish to receive the following services (for an extra fee): Addressee's Address
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Primary 3811, Mar. 1988 * U.S.G.P.O. 1988-2 Camplete items 1 and/or 2 for additional services. Camplete items 3, and 4s & b. Primary 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 arr. The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: A. A. Bartase Lloyd Wise Oldsmobile 10440 E. 14th Street Oakland, CA 94603 STID: #180	I also wish to receive the following services (for an extra fee): 1. Addressee's Address eitcle number. 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number #P 113 815 404 4b. Service Type Registered Insured COD Express Mail Return Receipt for Merchandise 7. Date of Delivery
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- Endorse erticle "Return Receipt Requested" adjacent to number.





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DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISON

80 SWAN WAY, SUITE 200 OAKLAND, CA 94621. - (415) 271-4320

UNITED STATES POSTAL SERVICE

Official Business C^{\prime}

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