03/03/92

STID# 3733

HEALTH CARE SERVICES

AGENCY

Certified Mail # P 367 604 707

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

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

Notice of Requirement to Reimburse

Robert J. Falconer

18776 Walnut Road Castro Valley, Ca 94546 Responsible Party Property Owner

Falconer (A.K.A. Anderson Lift 310 Bartlett Ave. Hayward , CA 94541

SITE

Date First Reported 04/26/89

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 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 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.

If you have any questions concerning this matter please contact Thomas Peacock, Supervising Hazardous Material Specialist, at this office.

Edgar B. Howell, III, Chief Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

\$S

р 367 604 707

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL (See Reverse)

| Robert J. Falcone: Street and No 18776 Walnut Road | |
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| Po State and ZIP Code Castro Valley, CA | |
| 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 Postmark or Date | |
| TOTAL Postage and Fees | \$2.2 |
| Postmark or Date | .92 1pm |
| 3.17 | 180- |

| 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 service (so requested.) In the return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional service (so requested.) In the return receipt fee will provide you the name of the person delivered to and the n | 3 | and complete items | |
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| Put your address in the "RETURN TO" Space on the resease side. In 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. 2. Restricted Delivery (Extra charge) 3. Article Addressed to: 5. Figure Charge) 7. Salconer 18776 Walnut Road Castro Valley, CA 94546 Castro Valley, CA 94546 Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | SENDER: Complete Items 1 and 2 when additional services are desired, and complete | | |
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