

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program

R01129

RAFAT A. SHAHID, Assistant Agency Director

certified mailer #P 367 603 918
March 17, 1992
STID# 3684

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

Notice of Requirement to Reimburse

Port of Oakland
Attn: Ms. Patricia Murphy
P.O. Box 2064
Oakland, CA 94604-2064

Responsible Party Property Owner Contact Person

Building L-615
8300 Earhart, N. Field
Oakland Airport
Oakland, CA 94621

SITE

Date First Reported: 6/7/89
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 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.

If you have any questions concerning this matter please contact Susan L. Hugo, Senior Hazardous Material Specialist, at (510) 271-4530.

Sincerely,


Edgar B. Howell, III, Chief
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use :

add: X	Reason: New case
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P 367 603 918

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	MS. Patricia Murphy Port of Oakland	
Street and No.	P.O. Box 2064	
P.O. State and ZIP Code	Oakland, Ca 94604-2064	
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	\$	2.29
Postmark or Date	3.20.92 9m	

STID 3684

EH

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in "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 fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) *SH*

2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>STID 3684</i> PORT OF OAKLAND ATTN: MS. PATRICIA MURPHY P.O. BOX 2064 OAKLAND CA 94604-2064	4. Article Number <i>P 367 603 918</i> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid) <i>Roller CC</i>
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <i>3-23-92</i>	