ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION DEPOSIT / REFUND ACCOUNT SHEET

SITE INFORMATION		StID: 1363 Site#: 981 PROJECT#: 981A
Kaiser Medical Center 280 W. Mac Arthur Blvd Oakland 94611 Site Contact: Site Phone :		PROJECT TYPE: M INSP: SUSAN HUGO ACCT. SHEET PG #:
PROPERTY OWNER INFORMATION		PAYOR INFORMATION
Owner Contact: Owner Phone :	P. O Oakl Payo	er Foundation Health . Box 12912 and CA 94604 #363 r Contact: r Phone :
Date Action Taken	Time In Out =====	Hours Money Spent/ Hour Spent/ Money Depstd Balance Depositd Balance
Balance from Prev.Page		
Rcpt# 577163 2/11/90 Deposit of \$500.00@ Balau	\$75/hour	46.66 4600 = 4.62 Hours
8/22/94 sate Veril	<u> </u>	<u> </u>
2/27/95 reveryon phone	1	
PROJ COMPLETED BY :	MPLETION OF F	ROJECTState Forms A,B & C ATTACH: Billing Adjustment*

DATE OF COMPLETION : ____ DATE SENT TO BILLING: ____

TOTAL COST OF PROJECT: REFUND AMOUNT: Rev. 1/93

 $[\]boldsymbol{\star}$ Billing adjustment forms needed when site is in our UST program.

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION DEPOSIT / REFUND ACCOUNT SHEET

280 W. Oaklan	Contact:		PROJEC PROJEC INSP:		łUGO			
PROP	ERTY OWNER INFORMATION		PAY	OR IN	FORMATION			
	Contact: Phone :	Kaiser Foundation Health P. O. Box 12912 Oakland CA 94604 #363 Payor Contact: Payor Phone :						
Date	Action Taken		Depstd	Hour Balnce	Money Spent/ Depositd	Balance		
	Balance from Prev.Page							
2/11/90	Rcpt# 577163 Deposit of \$500.00@	\$75/hour	+6.66		~~~~			
								
	-					-		
	UPON CO				tate Form	s A,B & C		
	MPLETED BY :		ATTACE ENT TO E			justment*		
	COMPLETION :		AMOUNT		•	 Rev. 1/93		
TOTAL CO	OPI OF EKONECI:		THI OUT I	-		·_ · - ,		

 $[\]boldsymbol{\ast}$ Billing adjustment forms needed when site is in our UST program.