

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

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

December 06, 1993

ATTN: Robert Heath

Ran - Rob Tool & Die
11354 Ettrick St
Oakland CA 94605

RE: Project # 1886A - M
at 631 85th Ave. in Oakland 94621

Dear Property Owner/Designee:

Our records indicate the deposit/refund account for the above project has fallen below the minimum deposit amount. To replenish the account, please submit an additional deposit of \$1,150.00, payable to Alameda County.

Please write your project number and site address on your check.

We must receive this deposit before we perform any further work on this project. At the completion of this project, any unused monies will be refunded to you or your designee.

If you have any questions, please contact Madhulla Logan at (510) 271-4320.

Sincerely,

A handwritten signature in cursive script, appearing to read "Edgar B. Howell III".

Edgar B. Howell III, Chief
Hazardous Materials Division

c: files

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed*****

SITE INFORMATION

Ran - Rob Tool & Die
631 85th Ave
Oakland 94621
Site Contact: -0-
Site Phone : 510/452-0458

StID: 1064 Site#: 1886
PROJECT#: 1886A
PROJECT TYPE:*** M ***
INSP: clerical
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Ran - Rob Tool & Die
One Kaiser Plz #1101
Oakland, Ca 94612
Owner Contact: Robert Heath
Owner Phone : 510/452-0458

PAYOR INFORMATION

Ran - Rob Tool & Die
11354 Ettrick St
Oakland CA 94605 # 621
Payor Contact: Robert Heath
Payor Phone : 510/452-0458

Date	Action Taken	Time		Hours	Hour	Money	Money
		In	Out	Spent/ Depstd	Balnce	Spent/ Depositd	Balance
04/23/1992	Rcpt# 604886 Deposit \$710.00 @\$100.Hour			+7.09	+7.09	\$710.00	\$710.00
04/23/1992	Admin Charge: 1 hour			1.00	6.09	100.00	\$610.00

*Close this case & zero
the balance.*

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Thomas Deusch ATTACH: State Forms A, B & C
 Billing Adjustment*
DATE OF COMPLETION : 9-21-99 DATE SENT TO BILLING: _____
TOTAL COST OF PROJECT: _____ REFUND AMOUNT: _____ Rev. 7/96

* Billing adjustment forms needed when site is in our UST program.

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
917	9255452073	08-05 09:07	01' 22	03/03	OK		

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Alameda County Environmental Health

1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
Telephone (510) 567-6700 FAX (510) 337-9335

FACSIMILE COVER SHEET

TO: Sonny Khoo

FROM: Larry Selo

DATE: 8-5-99

Total number of pages including cover sheet

~~9~~ 3

-NOTES-

