

RECEIVED

2:20 pm, Apr 15, 2009

Alameda County
Environmental Health

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION			
EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REPORT DATE 05/13/99		CASE #	
FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET			
NAME OF INDIVIDUAL FILING REPORT DAVID DEWITT		PHONE (925) 277-2384	SIGNATURE David B. Dewitt
REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME	
ADDRESS 2000 CROW CANYON PL., SUITE 400 SAN RAMON CA 94583			
NAME TOSCO CORPORATION		CONTACT PERSON DAVID DEWITT	PHONE (925) 277-2384
ADDRESS 2000 CROW CANYON PL., SUITE 400 SAN RAMON CA 94583			
FACILITY NAME (IF APPLICABLE) FORMER 76 PRODUCTS SITE # 3737		OPERATOR	PHONE ()
ADDRESS 1400 POWELL ST. EMERYVILLE ALAMEDA 94609			
CROSS STREET HOLLIS			
LOCAL AGENCY ALAMEDA CO - ENVIR. HEALTH SERVICES		CONTACT PERSON ROBERT WESTON	PHONE (510) 567-6781
REGIONAL BOARD SAN FRANCISCO BAY RWQCB		CONTACT PERSON CHUCK HEADLEE	PHONE (510) 622-2433
(1) NAME DIESEL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
(2) NAME GASOLINE		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
DATE DISCOVERED 05/07/99		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER PIPING UPGRADE	
DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER REPLACE PIPING	
HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05/07/99			
SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	
CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)			
CURRENT STATUS CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY			
REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CO) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) to be determined			
COMMENTS			