

UNDERGROUND STORAGE TANK AUTHORIZED RELEASE (LEAK)/CONTAMINATION SITE REPORT

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	STATE TANK ID: E/ham RHD
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REPORT DATE 03/11/88	LOCAL CASE #	REGIONAL BOARD CASE #	US EPA ID # 4/5
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT HANK SHEETZ	PHONE ID# 484-1304 (800) 825-4444	SIGNATURE <i>Hank Sheetz FOR ARCO</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD	COMPANY OR AGENCY NAME ARCO PETROLEUM PRODUCTS COMPANY		
	ADDRESS P.O. BOX 5811 SAN MATEO CA 94403			

RESPONSIBLE PARTY	NAME ARCO PETROLEUM PRODUCTS CO. UNKNOWN	CONTACT PERSON HANK SHEETZ	PHONE ID# 484-1304 (800) 825-4444
	ADDRESS POST OFFICE BOX 5811 SAN MATEO CA 94403		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) ARCO FACILITY 374	OPERATOR SANTOSH KUMAR SUD	PHONE (415) 1658-7508	
	ADDRESS 6407 TELEGRAPH STREET OAKLAND CA 94609			
	CROSS STREET	TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA CO. PUBLIC HEALTH	CONTACT PERSON ED HOWELL	PHONE (415) 1874-7237	
	REGIONAL BOARD S.F. BAY AREA REGIONAL WATER QUAL. CONTROL			
	TSCD ()			

SUBSTANCES INVOLVED	CAS # (ATTACH EXTRA SHEET IF NEEDED) NAME (1) GASOLINE (UNLEADED)	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____ <input type="checkbox"/> UNKNOWN	

DISCOVERY/ABATEMENT	DATE DISCOVERED 03/11/88	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK INTEGRITY <input type="checkbox"/> ROUTINE MONITORING <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> OTHER: TESTING	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input checked="" type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURES <input checked="" type="checkbox"/> OTHER: SHUT DOWN PUMP
	SOURCE(S) OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK		

SOURCE/CAUSE	TANKS ONLY/CAPACITY _____ GAL	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL
	AGE _____ YRS. <input type="checkbox"/> UNKNOWN MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
	RESOURCES AFFECTED	

RESOURCES AFFECTED/AT RISK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>RESOURCES AFFECTED</th> <th>YES</th> <th>NO</th> <th>THREATENED</th> <th>UNKNOWN</th> </tr> <tr> <td>AIR (VAPOR)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>SOIL (VADOSE ZONE)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>GROUNDWATER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>SURFACE WATER OR STORM DRAIN</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>BUILDING OR UTILITY VAULT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	RESOURCES AFFECTED	YES	NO	THREATENED	UNKNOWN	AIR (VAPOR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SOIL (VADOSE ZONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GROUNDWATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SURFACE WATER OR STORM DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BUILDING OR UTILITY VAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>WATER SUPPLIES AFFECTED</th> <th>YES</th> <th>NO</th> <th>THREATENED</th> <th>UNKNOWN</th> <th># OF WELLS</th> </tr> <tr> <td>PUBLIC DRINKING WATER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>PRIVATE DRINKING WATER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>INDUSTRIAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>AGRICULTURAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	WATER SUPPLIES AFFECTED	YES	NO	THREATENED	UNKNOWN	# OF WELLS	PUBLIC DRINKING WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	PRIVATE DRINKING WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	INDUSTRIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	AGRICULTURAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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