

To: Dale  
Fr: Susan

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# UNDERGROUND STORAGE TANK UNAUTHORIZED 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		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 1st 1st 2d 1d 9th 6y		CASE #		SIGNED: <i>[Signature]</i> DATE: 11/29/96		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>PRITPAUL S. SAPPAL</b>		PHONE <b>(510) 547-3335</b>		SIGNATURE <i>[Signature]</i> DATE: 4-21-97	
	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 <b>ALASKA GASOLINE</b>			
RESPONSIBLE PARTY	ADDRESS <b>6211 SAN PABLO AVE</b>					CITY <b>OAKLAND</b> STATE <b>CA</b> ZIP <b>94608</b>
	NAME <b>PRITPAUL S. SAPPAL &amp; SHIVCHARANTIT LAL</b>		CONTACT PERSON <b>PRITPAUL S. SAPPAL</b>		PHONE <b>(510) 547-3335</b>	
SITE LOCATION	ADDRESS <b>6211 SAN PABLO AVE</b>					CITY <b>OAKLAND</b> STATE <b>CA</b> ZIP <b>94608</b>
	FACILITY NAME (IF APPLICABLE) <b>ALASKA GASOLINE</b>		OPERATOR <b>ALASKA GASOLINE</b>		PHONE <b>(510) 547-3335</b>	
IMPLEMENTING AGENCIES	LOCAL AGENCY <b>ALAMEDA COUNTY HEALTH</b>		AGENCY NAME <b>DEPT. OF ENVIR. HEALTH</b>		CONTACT PERSON PHONE ( )	
	REGIONAL BOARD <b>DEPT. OF ENVIR. HEALTH</b>		CONTACT PERSON PHONE ( )		PHONE ( )	
SUBSTANCES INVOLVED	(1) NAME <b>GASOLINE</b>		QUANTITY LOST (GALLONS) <b>A few gallons</b> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED <b>11/11/96</b>		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS			
	DATE DISCHARGE BEGAN <b>11/11/96</b>		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 <b>Repaired Turbine</b>			
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <b>Turbine</b>		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <b>Turbine s-</b>			
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input 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"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
COMMENTS	<b>Turbine seal has been replaced. There was very little leak.</b>					