

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 1 M 0 D 2 6 D 0 Y 4 V		CASE # <u>ACHCSA</u> R00000134		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Khaled Kahman</u>		PHONE <u>1510 1208 1600</u>	SIGNATURE 		
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> OTHER <u>Co. 134 TANK TO SPT</u>		COMPANY OR AGENCY NAME <u>ETIC Engineering INC</u>			
ADDRESS <u>1333 Broadway</u> STREET <u>Suite 1015</u> CITY <u>Oakland</u> STATE <u>CA</u> ZIP <u>94612</u>						
RESPONSIBLE PARTY	NAME <u>Stough Family Trust (SPT)</u> <input type="checkbox"/> UNKNOWN		CONTACT PERSON <u>Don Stough</u>		PHONE <u>(510) 588 2338</u>	
	ADDRESS <u>Po Box 489</u> STREET CITY <u>Orinda</u> STATE <u>CA</u> ZIP <u>94563</u>					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>Former Val Stough</u>		OPERATOR <u>Stough Family Trust</u>		PHONE <u>(510) 588 2338</u>	
	ADDRESS <u>327 34th Street</u> STREET CITY <u>Oakland</u> COUNTY <u>Alameda</u> ZIP <u>94609</u>					
	CROSS STREET <u>Broadway</u>					
IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda County Health Care Services</u>		AGENCY NAME <u>(ACHCSA)</u>		CONTACT PERSON <u>Don Hwang</u>	
	REGIONAL BOARD <u>SF Bay RWQCB (Region 2)</u>		CONTACT PERSON <u>Betty Graham</u>		PHONE <u>(510) 622 2300</u>	
SUBSTANCES INVOLVED	(1) NAME <u>Gasoline - Automotive</u>				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) _____ <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED <u>0 M 3 D 0 D 4 Y 9 V 3 V</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____			
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" 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 type="checkbox"/> OTHER _____			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>0 M 3 D 0 D 4 Y 9 V 3 V</u>					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____			
	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 type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <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) <u>High Vacuum Dual Phase Extraction</u>					
COMMENTS	UNAuthorized Release Form may have been previously submitted for this site. Form re-filed based on information from Geotracker website as requested in 20 August 2004 ACHCSA letter.					
