

511011110

# 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.  SIGNED: _____ DATE: _____		
REPORT DATE 1/11/95		CASE #				
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Frank Commins</b>		PHONE <b>(510) 284-6670</b>	SIGNATURE <i>Frank Commins</i>		
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <b>Caltrans</b> <i>for: Frank Commins</i>			
RESPONSIBLE PARTY	ADDRESS <b>1121 7th Street, Oakland, CA 94607</b>					
	NAME <b>Sch and Adeline, Oakland, CA 94607</b>		CONTACT PERSON <b>Frank Commins</b>	PHONE <b>510 284-6670</b>		
SITE LOCATION	ADDRESS <b>1121 7th Street, Oakland, CA 94607</b>					
	FACILITY NAME (IF APPLICABLE) <b>Sch and Adeline, Oakland, CA</b>		OPERATOR <b>Caltrans</b>	PHONE <b>(510) 284-6670</b>		
	ADDRESS <b>Sch and Adeline, Oakland, CA 94607</b>					
IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda County Health Care Services</b>		AGENCY NAME		CONTACT PERSON <b>Ms. Susan Hage</b>	
	REGIONAL BOARD				PHONE ( )	
SUBSTANCES INVOLVED	(1) NAME <b>Petroleum Hydrocarbons</b>				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)				<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/10/95		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 <b>Inspection</b>			
	DATE DISCHARGE BEGAN + 1/10/95		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" 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 type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1/10/95					
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 type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input 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"/> 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"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO-DEGRADATION (BT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) <input type="checkbox"/> TREATMENT AT HOOKUP (HL) <input type="checkbox"/> VENT SOIL (VS)					
COMMENTS						

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Materials Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.  
Preliminary Site Assessment Workplan Submitted - workplan/proposal requested or submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.  
Preliminary Site Assessment Underway - implementation of workplan.  
Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.  
Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.  
Cleanup Underway - implementation of remediation plan.  
Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.  
Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.  
Containment Barrier - install vertical dike to block horizontal movement of contaminant.  
Excavate and Dispose - remove contaminated soil and dispose in approved site.  
Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).  
Remove Free Product - remove floating product from water table.  
Pump and Treat Groundwater - generally employed to remove dissolved contaminants.  
Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.  
Replace Supply - provide alternative water supply to affected parties.  
Treatment at Hookup - install water treatment devices at each dwelling or other place of use.  
Vacuum Extract - use pumps or blowers to draw air through soil.  
Vent Soil - bore holes in soil to allow volatilization of contaminants.  
No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

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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 (PLEASE 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 2 1 1 9 8 5	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Frank Camarero</b>	PHONE ( 510 ) 286-0670	SIGNATURE <i>Frank Camarero</i>
	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>Caltrans</b> <i>for: Frank Camarero</i>	
	ADDRESS <b>1121 7th Street, Oakland, California 94607</b>		

RESPONSIBLE PARTY	NAME <b>Caltrans</b> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <b>Frank Camarero</b>	PHONE ( 510 ) 286-0670
	ADDRESS <b>1121 7th Street, Oakland, California 94607</b>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>5th and Adeline, Oakland, CA 94607</b>	OPERATOR <b>Caltrans</b>	PHONE ( 510 ) 286-0670
	ADDRESS <b>5th and Adeline, Oakland, CA 94607</b>		
	CROSS STREET <b>5th and Adeline</b>	CITY <b>Alameda</b>	STATE <b>Alameda</b>

IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda County Health Care Services</b>	AGENCY NAME	CONTACT PERSON <b>Ms. Susan Hago</b>	PHONE ( 510 ) 287-6700
	REGIONAL BOARD			PHONE ( )

SIGNS/DANGERS INVOLVED	(1) NAME <b>Petroleum Hydrocarbons</b>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 2 1 1 9 8 5	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS
	DATE DISCHARGE BEGAN UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 2 1 1 9 8 5	<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE

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 type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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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

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP)	<input type="checkbox"/> ENHANCED BIO-DEGRADATION (T)
	<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 (H-U)	<input type="checkbox"/> VENT SOIL (VS)
	<input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> OTHER (OT)		

COMMENTS	
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