

Alameda County CUPA Program
Contaminated Site Case Transfer Form

Referral To:

Date	9/13/2010
Agency	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
Attention	Donna L. Drogos, LOP/SLIC Program Manager

Site Information:

Site Responsible Party(s)	
Site Name	Emery Station Triangle II
Site Address	5812 Hollis Street, Emeryville
Site Phone	510-278-7508
Site Contractor/Consultant (if available)	American Integrated Service Inc
Site DBA	

Site Conditions:

UST			
USTs removed? # removed: <u>1</u> Date removed: 8/4/2010	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contents (circle): gasoline diesel waste oil heating oil solvents kerosene stoddard solvent other (specify) Unknown	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Observations of system (holes, leaks)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Observed contamination (free product, smell, soil/water discoloration)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? <input checked="" type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) 72.3 ppm TPHg (soil stockpile) <input type="checkbox"/> Highest Concentration Detected in Water Contaminant (specify) Not sampled	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Unauthorized Release Form filed?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known? Specify Unknown	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
NON-UST			
Former industrial use?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>If available, attach pertinent reports</i>			

Transferred as: LOP SLIC

Level of Update requested: distribution list all meetings all site visits closure sign off all the above

Transfer requested by Inspector:  Date: 9/20/2010

Transfer accepted by (ACEH): _____ Date: _____