

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION REPORT

FILE # **5043**
RPT **QM**
 FOR LOCAL AGENCY USE ONLY
 I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS DISTRIBUTION SHEET ON THE INSTRUCTION SHEET

RECEIVED

1:45 pm, Apr 30, 2009

Alameda County
Environmental Health

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS DISTRIBUTION SHEET ON THE INSTRUCTION SHEET
REPORT DATE 1 M 1 M 0 D 7 D 9 Y 1 Y	CASE #	SIGNED _____ DATE _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kristin Mascarenas	PHONE (707) 746-6915	SIGNATURE <i>[Signature]</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 Kaprealian Engineering, Inc.	
	ADDRESS P.O. Box 996 Benicia CA 94510		

RESPONSIBLE PARTY	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN	CONTACT PERSON Ron Bock	PHONE (510) 277-2303
	ADDRESS P.O. Box 5155 San Ramon CA 94583		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal Service Station #5043	OPERATOR John S. Thompson	PHONE (510) 632-9999
	ADDRESS 449 Hegenberger Road Oakland Alameda 94621		
	CROSS STREET Edgewater		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Dept. of Health Care Serv.	CONTACT PERSON Barney Chan	PHONE (510) 271-4320
	REGIONAL BOARD San Francisco Bay Region		PHONE (415) 464-1255

SUBSTANCES INVOLVED	(1) NAME gasoline	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) diesel	<input checked="" type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M 0 M 2 D 5 D 9 Y 1 Y	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER product piping modification
	DATE DISCHARGE BEGAN ____ M ____ D ____ Y ____ Y <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) N/A <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 type="checkbox"/> OTHER _____
	HAS DISCHARGE BEEN STOPPED? N/A <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE ____ M ____ D ____ Y ____ Y	

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" 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 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)
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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 type="checkbox"/> LEAK BEING CONFIRMED <input checked="" 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
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) installation of monitoring wells
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COMMENTS	
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