

RECEIVED

2:41 pm, Apr 16, 2009

Alameda County
Environmental Health

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY (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 0 1 7 9 4		CASE # 004712		SIGNED _____ DATE _____							
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Lynda S. Chalom		PHONE 714 572-7653	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 Unocal Corporation								
	ADDRESS 2929 Imperial Hwy, Room 2134		CITY Brea, California		STATE 92621						
RESPONSIBLE PARTY	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN		CONTACT PERSON Ron Bock	PHONE (510) 277-2303							
	ADDRESS 2000 Crow Canyon Place, Suite 400		CITY San Ramon, California		STATE 94583						
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal Service Station #7376		OPERATOR Rich Branchini	PHONE (510) 462-8130							
	ADDRESS 4191 First Street		CITY Pleasanton, California		STATE 94566						
	CROSS STREET Ray		<table border="1"> <tr> <td>FILE #</td> <td>7376</td> <td>SS</td> <td><input checked="" type="checkbox"/></td> <td>BP</td> <td></td> </tr> </table>				FILE #	7376	SS	<input checked="" type="checkbox"/>	BP
FILE #	7376	SS	<input checked="" type="checkbox"/>	BP							
IMPLEMENTING AGENCIES	LOCAL AGENCY Pleasanton Fire Dept		AGENCY NAME RPT _____ ON _____ TRANSMITTAL	CONTACT PERSON Dorothy-Hazmat Dept							
	REGIONAL BOARD		1 2 3 4 5 6 <input checked="" type="checkbox"/>		PHONE (510) 484-8114						
SUBSTANCES INVOLVED	(1) NAME Petroleum Hydrocarbons (Gasoline/Waste-oil)			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN							
	(2)			<input type="checkbox"/> UNKNOWN							
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 9 0 9 9 4		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 Soil Sampling/Field Screen								
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		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 Install double wall pipe and Tank Monitoring								
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 9 0 9 9 4										
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								
	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"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <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 checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HV) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)										
COMMENTS	Will be based on investigation findings and Agency recommendations										

RECEIVED

OCT 27 1995