

# 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		STATE TANK ID #																																																																								
REPORT DATE Q1 5 0 D 1 8 7 Y		LOCAL CASE #		REGIONAL BOARD CASE #																																																																								
US EPA ID #		NAME OF INDIVIDUAL FILING REPORT <b>Robin Ross</b>		PHONE <b>(415) 651-1906</b>																																																																								
SIGNATURE		REPRESENTING <input checked="" type="checkbox"/> CONSULTANT <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <b>Applied GeoSystems</b>																																																																								
OWNER/OPERATOR		REGIONAL BOARD		ADDRESS <b>43255 Mission Blvd Fremont CA 94539</b>																																																																								
NAME <b>Exxon Company, U.S.A.</b>		CONTACT PERSON <b>Kent Sanderson</b>		PHONE <b>(415) 945-1966</b>																																																																								
ADDRESS <b>1646 N. California Blvd., Suite 210 Walnut Creek CA 94596</b>		FACILITY NAME (IF APPLICABLE) <b>Exxon Service Station #7-3006</b>		OPERATOR <b>Victor Chu</b>																																																																								
OPERATOR <b>Victor Chu</b>		PHONE <b>(415) 533-6066</b>		ADDRESS <b>720 High Street Oakland Alameda CA</b>																																																																								
CROSS STREET <b>Coliseum</b>		TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER		TYPE OF BUSINESS <input checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER																																																																								
LOCAL AGENCY <b>Alameda County Environmental Health</b>		AGENCY NAME		CONTACT PERSON <b>Ted Gerow</b>																																																																								
REGIONAL BOARD <b>San Francisco R.W.Q.C.B.</b>		CONTACT PERSON <b>Greg Zentner</b>		PHONE <b>(415) 874-6434</b>																																																																								
TSCD																																																																												
CAS # (ATTACH EXTRA SHEET IF NEEDED)		NAME <b>Gasoline Product</b>		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN																																																																								
DATE DISCOVERED Q1 4 M 2 D 8 D 8 Y 7		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> ROUTINE MONITORING <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER		DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN																																																																								
METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK		HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y		<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURES																																																																								
SOURCE(S) OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input checked="" type="checkbox"/> OTHER (SPECIFY) <b>Fill Port</b>		TANKS ONLY/CAPACITY <b>6, 8, 10 thous</b> AGE YRS. <input checked="" type="checkbox"/> UNKNOWN MATERIAL <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER		CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER																																																																								
RESOURCES AFFECTED		WATER SUPPLIES AFFECTED		THREAT- ENED																																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>YES</th> <th>NO</th> <th>THREATENED</th> <th>UNKNOWN</th> </tr> <tr> <td>AIR (VAPOR)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>SOIL (VADOSE ZONE)</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>GROUNDWATER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>SURFACE WATER OR STORM DRAIN</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>BUILDING OR UTILITY VAULT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			YES	NO	THREATENED	UNKNOWN	AIR (VAPOR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SOIL (VADOSE ZONE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUNDWATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SURFACE WATER OR STORM DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BUILDING OR UTILITY VAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>YES</th> <th>NO</th> <th>THREATENED</th> <th>UN- KNOWN</th> <th># OF WELLS</th> </tr> <tr> <td>PUBLIC DRINKING WATER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>---</td> </tr> <tr> <td>PRIVATE DRINKING WATER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>---</td> </tr> <tr> <td>INDUSTRIAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>---</td> </tr> <tr> <td>AGRICULTURAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>---</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>---</td> </tr> </table>			YES	NO	THREATENED	UN- KNOWN	# OF WELLS	PUBLIC DRINKING WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---	PRIVATE DRINKING WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---	INDUSTRIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---	AGRICULTURAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	---	OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---	GROUNDWATER BASIN NAME <input checked="" type="checkbox"/> UNKNOWN	
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COMMENTS:																																																																												
COMPLETE AND ATTACH A CLEANUP TRACKING REPORT IF ANY CLEANUP WORK OR PLANNING HAS STARTED																																																																												