



**Cal/EPA**

**State Water  
Resources  
Control Board**

**Division of  
Clean Water  
Programs**

*Mailing Address:*  
P.O. Box 944212  
Sacramento, CA  
94244-2120

2014 T Street,  
Suite 130  
Sacramento, CA  
95814  
(916) 227-4325  
FAX (916) 227-4349



Pete Wilson  
Governor

NOV 07 1996

20730  
CL

Kordula M. Gardner  
Property Manager  
Cottonmill Properties  
2081 Adams Avenue  
San Leandro, CA 94577

Dear Ms. Gardner:

**UNDERGROUND STORAGE TANK (UST) LOCAL OVERSIGHT PROGRAM, SITE NO. 4615, CHILDRENS HOSPITAL, 1050 22ND AVENUE, OAKLAND, ALAMEDA COUNTY**

This is in response to your note written on the enclosed oversight invoice. Barney Chan gave you erroneous information concerning the final billing, perhaps because he was unaware of the billing period covered in the invoice. The April 26, 1996 invoice covered oversight charges incurred from July 1, 1995 through December 31, 1995. Mr. Chan incurred 30 minutes of time on January 9, 1996 when he issued the closure letter (copy enclosed). This time was incurred during the next billing cycle; therefore, the enclosed invoice represents the final invoice.

I apologize for the confusion. If you have any questions, please telephone me at (916) 227-4325.

Sincerely,

Lori Casias  
Local Oversight Program

Enclosures

cc: Barney Chan  
Alameda County  
Department of Environmental Health  
Hazardous Materials Division  
1131 Harbor Bay Parkway, 2nd Floor  
Alameda, CA 94502

ENVIRONMENTAL  
PROTECTION  
96 NOV 13 AM 9:58



*Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.*

# 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		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25102 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 09/30/93		CASE #		SIGNED: <i>Barney M. Chan</i> DATE: 6/13/95		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT c/o Don Jones Cottonmill Properties		PHONE (510) 562-2580		SIGNATURE <i>Don Jones</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			
ADDRESS 2081 Adams Avenue, San Leandro, CA 94577						
RESPONSIBLE PARTY	NAME Same, plus below <input checked="" type="checkbox"/> UNKNOWN		CONTACT PERSON		PHONE ( )	
	ADDRESS a) Volkman Seed Company 1040 - 22nd Ave., Oakland 94606 b) Textron, Providence, Rhode Island					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Children's Hospital warehouse		OPERATOR Contact Don Jones above		PHONE ( )	
	ADDRESS 1050 - 22nd Avenue, Oakland, CA 94606 Alameda County					
	CROSS STREET I880 - adjacent to on west side					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services		AGENCY NAME Alameda County Health Care Services		CONTACT PERSON Barney M. Chan	
	REGIONAL BOARD		CONTACT PERSON		PHONE (510) 271-4530	
SUBSTANCES INVOLVED	(1) Gasoline		NAME		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)		NAME		QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 09/08/93		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 <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		Guess is 15 yrs ago OTHER Also, tank was apparently			
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) abandoned about 15 years ago. <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			
	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 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 checked="" type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input checked="" 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 type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	See cover letter dated September 30, 1993					

# 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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25807 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 09/30/93		CASE #		SIGNED: <i>Barney M. Chan</i> DATE: 6/15/95		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Cottonmill Properties		PHONE (510) 562-2580		SIGNATURE <i>Don Jones</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			
ADDRESS 2081 Adams Avenue, San Leandro, CA 94577						
RESPONSIBLE PARTY	NAME Same, plus below		CONTACT PERSON <input checked="" type="checkbox"/> UNKNOWN		PHONE ( )	
	ADDRESS a) Volkman Seed Company 1040 - 22nd Ave., Oakland 94606 b) Textron, Providence, Rhode Island					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Children's Hospital warehouse		OPERATOR Contact Don Jones above		PHONE ( )	
	ADDRESS 1050 - 22nd Avenue, Oakland, CA 94606 Alameda County					
	CROSS STREET I880 - adjacent to on west side					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services		AGENCY NAME Barney M. Chan		CONTACT PERSON (510) 271-4530	
	REGIONAL BOARD		PHONE ( )			
SUBSTANCES INVOLVED	(1) NAME Gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 09/08/93		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			
	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"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		Guess is 15 yrs ago <input type="checkbox"/> OTHER Also, tank was apparently			
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			
	abandoned about 15 years ago.					
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 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 checked="" type="checkbox"/> CLEANUP UNDERWAY					
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CAP SITE (CS) <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 (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
	COMMENTS See cover letter dated September 30, 1993					

# 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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25807 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Barney M. Chan</u> DATE: <u>6/18/95</u>
REPORT DATE <u>09</u> <u>30</u> <u>93</u>	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>c/o Don Jones</u> <u>Cottonmill Properties</u>	PHONE <u>(510) 562-2580</u>	SIGNATURE 
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD	COMPANY OR AGENCY NAME
ADDRESS <u>2081 Adams Avenue, San Leandro, CA 94577</u>			

RESPONSIBLE PARTY	NAME <u>Same, plus below</u> <input checked="" type="checkbox"/> UNKNOWN	CONTACT PERSON	PHONE ( )
	ADDRESS a) <u>Volkman Seed Company 1040 - 22nd Ave., Oakland 94606</u> b) <u>Textron, Providence, Rhode Island</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>Children's Hospital warehouse</u>	OPERATOR <u>Contact Don Jones above</u>	PHONE ( )	
	ADDRESS <u>1050 - 22nd Avenue, Oakland, CA 94606</u> <u>Alameda County</u>			
	CROSS STREET <u>I880 - adjacent to on west side</u>			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <u>Alameda County Health Care Services</u>	CONTACT PERSON <u>Barney M. Chan</u>	PHONE <u>(510) 271-4530</u>
	REGIONAL BOARD		PHONE ( )

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

DISCOVER/ABATEMENT	DATE DISCOVERED <u>09</u> <u>30</u> <u>93</u>	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	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"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>Guess is 15 yrs ago</u>		

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) <u>abandoned about 15 years ago.</u> <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 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 checked="" type="checkbox"/> CLEANUP UNDERWAY
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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 (IT) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAMINATION BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)
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COMMENTS	<u>See cover letter dated September 30, 1993</u>
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# 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 (HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25107 OF THE HEALTH AND SAFETY CODE) SIGNED: <u>Barney M. Chan</u> DATE: <u>6/13/95</u>
REPORT DATE: <u>09/30/93</u>		CASE # _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT: <u>c/o Don Jones</u> <u>Cottonmill Properties</u>	PHONE: <u>(510) 562-2580</u>	SIGNATURE: <u>Don Jones</u>
	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: _____	
ADDRESS: <u>2081 Adams Avenue, San Leandro, CA 94577</u>			

RESPONSIBLE PARTY	NAME: <u>Same, plus below</u> <input checked="" type="checkbox"/> UNKNOWN	CONTACT PERSON: _____	PHONE: ( )
	ADDRESS: <u>a) Volkman Seed Company 1040 - 22nd Ave., Oakland 94606</u> <u>b) Textron, Providence, Rhode Island</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE): <u>Children's Hospital warehouse</u>	OPERATOR: <u>Contact Don Jones above</u>	PHONE: ( )	
	ADDRESS: <u>1050 - 22nd Avenue, Oakland, CA 94606</u> <u>Alameda County</u>			
	CROSS STREET: <u>I880 - adjacent to on west side</u>			

IMPLEMENTING AGENCIES	LOCAL AGENCY: <u>Alameda County Health Care Services</u>	CONTACT PERSON: <u>Barney M. Chan</u>	PHONE: <u>(510) 271-4530</u>
	REGIONAL BOARD: _____		PHONE: ( )

SUBSTANCES INVOLVED	(1) <u>Gasoline</u>	QUANTITY LOST (GALLONS): <input checked="" type="checkbox"/> UNKNOWN
	(2) _____	

DISCOVERY/ABATEMENT	DATE DISCOVERED: <u>09/08/93</u>	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 _____		
	DATE DISCHARGE BEGAN: _____	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE: <u>Guess is 15 yrs ago</u> <input type="checkbox"/> OTHER: <u>Also, tank was apparently</u>			

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): <u>abandoned about 15 years ago.</u> <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 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 checked="" type="checkbox"/> CLEANUP UNDERWAY
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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 (BT) <input type="checkbox"/> CAP SITE (CS) <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 (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) _____		
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COMMENTS	<u>See cover letter dated September 30, 1993</u>
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