

GIVENS and ZWEBEN
1730 SOLANO AVENUE
BERKELEY, CALIFORNIA 94704
(415) 526-1669

SHEL GIVENS
526-1300

ROBERT ZWEBEN
527-7227

RECEIVED
SEP 3 1988
HAZARDOUS MATERIALS/
WASTE PROGRAM

ALAMEDA COUNTY
HEALTH CARE SERVICES
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND CA 94621

SEPTEMBER 1, 1988

MR. RAFAT A. SHAHID

HERE IS THE DEPOSIT YOUR REQUESTED, PLEASE LET US KNOW IF YOU
NEED ANYTHING ELSE.

THANKYOU,

SHEL GIVENS

Project U524596
Fee Paid 8757.00
Date 9-3-88

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Director



Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Telephone Number: (415) 271-4320

August 11, 1988

Mr. Shel Givens
Givens and Zweben
1730 Solano Ave.
Berkeley, CA 94704

SUBJECT: FORMER MOBIL SERVICE STATION, 6398 TELEGRAPH AVENUE,
OAKLAND, CA 94609

Dear Mr. Givens:

Thank you for your cooperation and assistance in our effort to assess the condition of the site. Soil and groundwater data recently obtained from the site indicate that the total petroleum hydrocarbon, benzene, toluene, xylene, and ethyl benzene levels are substantially low, and therefore not of concern in the South-easterly portion of the site. On this basis, the Agency does not require any additional work at this site.

The Regional Water Quality Control Board has the authority to make a final review of this case at some future date.

Should you have any questions concerning this matter, please contact Lowell Miller, Senior Hazardous Materials Specialist at 271-4320.

Sincerely,

Rafat A. Shahid, Chief
Hazardous Materials Division

RAS:mam

cc: Terry Carter, Aqua Science Engineers, Inc.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Director



Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Telephone Number: (415) 271-4320

August 11, 1988

Mr. Shel Givens
1730 Solano Avenue
Berkeley, CA 94204

SUBJECT: FORMER MOBIL SERVICE STATION, 6398 TELEGRAPH AVENUE,
OAKLAND, CA 94609

Dear Mr. Givens:

Our Division is 100% fee financed. Therefore all of our costs are passed into the project property owner. Our costs are \$53 per hour and a deposit is required. For the removal of four tanks, the corresponding deposit is \$750. You will need to submit this amount before the project can be formally "closed".

Should you have any questions regarding this matter, please contact Lowell Miller, Senior Hazardous Materials Specialist at 271-4320.

Sincerely,

Rafat A. Shahid, Chief
Hazardous Materials Division

RAS:SG:rn

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BERKELEY, CALIFORNIA 94704
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RECEIVED
JUL 20 1988
HAZARDOUS MATERIALS/
WASTE PROGRAM

Date: July 20, 1988

To: Mr. Howell
Division / Hazardous Material
80 Swan Way Room 200
Oakland, CA 94621

From: Givens and Zweben

Dear Mr. Howell,

Explanation:

Here is the manifest for the water that we removed from the site. I was at the site at the time of the clean up. After all the rain water was pumped from each pit, the operator of the vacuum truck then hosed down the sides of the pit with the vacuum hose still sucking. He removed all the oil ladden dirt from the pit by making it into a slurry and then vacuuming it out.

I believe we performed a complete clean up at the time of the tank removals.

Request:

We had planned to begin construction at this site on July 15, 1988. We assumed that your department was satisfied that there was no further testing needed because we had not had a response in over two years. We are now holding up construction because of your request. We are on a tight schedule because of our agreement with our prospective tenant.

I hope that with the addition of the manifest and the report in hand you will conclude that all the contaminantes have been removed. Should you have any further questions, please call me at 526-1300 or call Terry Carter or Bill Motzer at Aqua Science Engineers at 820-9391.

If you decide that further testing is necessary, please notify me right away. Call and tell me if you have a written description of what you want done. I will pick it up at your office.

cont'd

GIVENS and ZWEBEN
1730 SOLANO AVENUE
BERKELEY, CALIFORNIA 94704
(415) 526-1669

SHEL GIVENS
526-1300

ROBERT ZWEBEN
527-7227

Page 2

Since our site is already prepared for construction and we are only waiting on your response, I will appreciate your reply at your earliest convenience.

Thank you,



Shel Givens

SG/mb

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 09.8.14.48715	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SHEL GIVENS 1730 SOLANO AV. BERK. CA.				A. State Manifest Document Number 84948759		
4. Generator's Phone (415) 526-1300				B. State Generator's ID		
5. Transporter 1 Company Name HEH SHIP SERVICE		6. US EPA ID Number CA000477116B		C. State Transporter's ID 706142		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address HEH SHIP SERVICE 220 CHINA BASIN S.F.				E. State Transporter's ID 545-4835		
				F. Transporter's Phone		
				G. State Facility's ID 39-001-78		
				H. Facility's Phone 415-543-4835		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Combustible liquid NA 1993		001	TT	3600	9	003
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above 99% WATER 1% PETROLEUM WASTE				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Gloves						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name SHEL GIVENS				Signature <i>SHEL GIVENS</i>		Date 3 28 86
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name JAMES R. MORRISON				Signature <i>James R. Morrison</i>		Date 03 28 86
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name				Signature		Date
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Date

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 400, Sacramento, CA 95802

GIVENS and ZWEBEN
1730 SOLANO AVENUE
BERKELEY, CALIFORNIA 94704
(415) 526-1669

SHEL GIVENS
526-1300

ROBERT ZWEBEN
527-7227

Date: July 15, 1988

To: Mr. Storm Goranson
Division of Hazardous Materials
80 Swan Way Rm. 200
Oakland, CA 94621

From: Givens and Zweben

Re: Telegraph and Oakland

RECEIVED
JUL 19 1988
HAZARDOUS MATERIALS/
WASTE PROGRAM

Dear Mr. Goranson

I recently received a letter regarding the above site. At the time the tanks were removed permits were obtained from the agencies which had apparently required them. Enclosed for your information is a report done by Aqua Science. We understand that the report was done as required by various regulations.

As you can observe, test results were taken and the last sentence of the report concludes that Laboratory results indicate that motor fuel hydrocarbons were below the level of detection (0.05 p.p.n.).

A report had been forwarded to Mr. Ted Gerow back in May, 1986.

I trust you will contact Mr. Givens or me if you need further information.

Yours,

Robert Zweben
Robert Zweben

RZ/mb

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Director



Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Telephone Number: (415) 271-4320

July 12, 1988

R & E C Zweben, S. Gruens & Diane Wagner
1730 Solano Avenue
Albany, CA 94707

SUBJECT: FORMER MOBIL SERVICE STATION, 6398 TELEGRAPH AVE.,
OAKLAND, CA 94609

Dear Sirs:

We have reason to suspect that underground storage tanks formerly located on this site may have leaked. In accordance with Section 2610 of Title 23 of the California Administrative Code, you are requested to submit documentation, within thirty (30) days verifying that neither soils nor groundwaters are contaminated at this site.

You will need to obtain professional services from a reputable engineering/consulting firm.

The responsibility of your consultant will be to establish the extent of contamination and provide professional judgment/recommendations, based on scientific data of the necessary remedial actions needed. A plan and time schedule for investigation should be submitted to the agency within 30 days.

The following is a summary of the steps your consultant should take to evaluate the problem.

1. Preliminary Assessment
 - site history
 - results of initial work done
 - proposal for the delineation of the site's contamination
2. Site Investigation
 - site geology and hydrogeology
 - definition of lateral & vertical extent of contamination, including soil and groundwater
 - evaluation of mitigation alternatives

R & E C Zweben, et.al.
1730 Solano Ave.
Albany, CA 94707
July 12, 1988
Page 2 of 2

3. Final Remedial Plan

- plans for the removal of soil contaminants and recovery of fuel product & removal of dissolved constituents from the groundwater
- details & time frame for implementing the various remedial phases

Should you have any questions regarding your responsibilities in this matter, please contact Storm Goranson, Hazardous Materials Specialist at 271-4320.

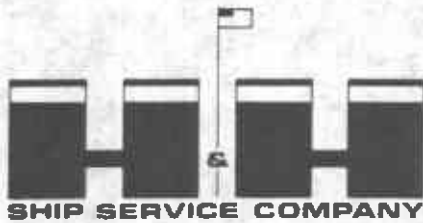
Sincerely,

R.A. Shahid

Rafat A. Shahid, Chief
Hazardous Materials Division

RAS:SG:mam

cc: Maxim Schrogin, Oliver and Company



W. J. HARRIS

TERMS: CASH

DATE **April 10, 1986**

OUR INVOICE NO. **486-22**

OUR JOB NO. **2649**

CUSTOMER'S REFERENCES

PO NO.

JOB NO.

220 CHINA BASIN, P.O. BOX 77363 • SAN FRANCISCO, CA 94107 • DAY AND NIGHT: (415) 543-4835

**Givens Investment Co.
1730 Solano Avenue
Berkeley, CA 94707**

**Furnished vacuum truck and operator to pick up oil
and water, and dispose of same.**

Work started 3/26/86, Oakland, California.

Work completed 3/28/86, " "

Vacuum Truck & Operator (8 Hours @65.00)	\$ 520.00
Disposal (3,600 Gals. @.30)	1,080.00
Bridge Tolls	11.00

TOTAL INVOICE \$1,611.00



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 type="checkbox"/> NO		STATE TANK ID #		
REPORT DATE 0M 3M 2D 6D 8Y 6Y		LOCAL CASE #		REGIONAL BOARD CASE #		
US EPA ID #		✓				
NAME OF INDIVIDUAL FILING REPORT XXXX Terrance E. Carter						PHONE (415) 820-9391
REPORTED BY	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Aqua Science Engineers			
	<input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD					
RESPONSIBLE PARTY	ADDRESS 1 Crow Canyon Court, Suite 100		San Ramon CITY California		STATE 94583 ZIP	
	NAME Givens Investment Company <input type="checkbox"/> UNKNOWN		CONTACT PERSON Shel Givens		PHONE (415) 526-1300	
SITE LOCATION	ADDRESS 1730 STREET Solano Avenue		Berkeley CITY California		STATE 94707 ZIP	
	FACILITY NAME (IF APPLICABLE)		OPERATOR		PHONE ()	
IMPLEMENTING AGENCIES	ADDRESS XXXXXXXXXX STREET XXXXXXXXXX CITY XXXXXXXXXX California Alameda CITY 94609 ZIP		OPERATOR		PHONE	
	CROSS STREET Telegraph/Alcatraz		TYPE OF AREA <input 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	
SUBSTANCES INVOLVED	LOCAL AGENCY Alameda County Health Agency		AGENCY NAME		CONTACT PERSON Ted Gerour	
	REGIONAL BOARD Regional Water Quality Control Board Region II		CONTACT PERSON Dale Bowyer		PHONE (415) 874-7237	
	TSCD Alameda County Public Health		CONTACT PERSON Rafat A. Shahid, P.E.		PHONE (415) 874-7237	
DISCOVERY/ABATEMENT	DATE DISCOVERED 0M 3M 1D 7D 8Y 6Y		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	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0M 3M 1D 7D 8Y 6Y		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURES <input checked="" type="checkbox"/> OTHER tank removed			
SOURCE/CAUSE	SOURCE(S) OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER (SPECIFY)		TANKS ONLY/CAPACITY 5,000 GAL AGE _____ YRS. <input type="checkbox"/> UNKNOWN MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> CORROSION <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	
	RESOURCES AFFECTED/AT RISK		WATER SUPPLIES AFFECTED		THREATENED UN- KNOWN # OF WELLS	
AIR (VAPOR) <input type="checkbox"/> YES <input type="checkbox"/> NO		PUBLIC DRINKING WATER <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> THREATENED <input checked="" type="checkbox"/> UN- KNOWN		
SOIL (VADOSE ZONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		PRIVATE DRINKING WATER <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> THREATENED <input checked="" type="checkbox"/> UN- KNOWN		
GROUNDWATER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INDUSTRIAL <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> THREATENED <input checked="" type="checkbox"/> UN- KNOWN		
SURFACE WATER OR STORM DRAIN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AGRICULTURAL <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> THREATENED <input checked="" type="checkbox"/> UN- KNOWN		
BUILDING OR UTILITY VAULT <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER (SPECIFY) <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> THREATENED <input type="checkbox"/> UN- KNOWN		
OTHER (SPECIFY) <input type="checkbox"/> YES <input type="checkbox"/> NO		GROUNDWATER BASIN NAME ACFD/ Zone 12 <input type="checkbox"/> UNKNOWN				
COMMENTS: According to Ted Gerour of the ACHA, state tank I.D. # were unavailable at the time of reporting. Cleanup mitigation plan forthcoming COMPLETE AND ATTACH A CLEANUP TRACKING REPORT IF ANY CLEANUP WORK OR PLANNING HAS STARTED						

RECEIVED
APR 14 1986
ENVIRONMENTAL HEALTH
ADMINISTRATION

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 type="checkbox"/> NO	STATE TANK ID # _____
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REPORT DATE 03M 20D 8Y 6Y	LOCAL CASE # _____	REGIONAL BOARD CASE # _____	US EPA ID # _____
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Terrance E. Carter	PHONE (415) 820-9391	SIGNATURE <i>Terrance E. Carter</i>	
	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 Aqua Science Engineers		

ADDRESS 1 Crow Canyon Court, Suite 100	San Ramon	California	STATE 94583 ZIP
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NAME Givens Investment Company	CONTACT PERSON Shel Givens	PHONE (415) 526-1300
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ADDRESS 1730 Solano Avenue	Berkeley	California	STATE 94707 ZIP
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FACILITY NAME (IF APPLICABLE)	OPERATOR	PHONE ()
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ADDRESS 6398 Telegraph	Oakland	California	STATE Alameda COUNTY ZIP
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CROSS STREET Telegraph/Alcatraz	TYPE OF AREA <input 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
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LOCAL AGENCY Alameda County Health Agency	CONTACT PERSON Ted Gerour	PHONE (415) 874-7237
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REGIONAL BOARD Regional Water Quality Control Board Region II	CONTACT PERSON Dale Bowyer	PHONE (415) 464-1255
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TSCD Alameda County Public Health	CONTACT PERSON Rafat A. Shahid, P.E.	PHONE (415) 874-7237
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CAS # (ATTACH EXTRA SHEET IF NEEDED)	NAME Waste oil tank size 550-gal.	QUANTITY LOST (GALLONS) _____ <input checked="" type="checkbox"/> UNKNOWN
--------------------------------------	--------------------------------------	--

DATE DISCOVERED 03M 20D 8Y 6Y	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 _____	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURES <input checked="" type="checkbox"/> OTHER tank removed
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HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 03M 10D 8Y 6Y	IF YES, DATE 03M 10D 8Y 6Y
---	----------------------------

SOURCE(S) OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER (SPECIFY)	TANKS ONLY/CAPACITY 550-gal GAL AGE _____ YRS. <input type="checkbox"/> UNKNOWN MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> CORROSION <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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RESOURCES AFFECTED/ AT RISK	RESOURCES AFFECTED				WATER SUPPLIES AFFECTED				# OF WELLS
	YES	NO	THREATENED	UNKNOWN	YES	NO	THREATENED	UNKNOWN	
AIR (VAPOR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PUBLIC DRINKING WATER	<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"/>	PRIVATE DRINKING WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GROUNDWATER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDUSTRIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SURFACE WATER OR STORM DRAIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AGRICULTURAL	<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"/>
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

GROUNDWATER BASIN NAME ACFD/ Zone 12 <input type="checkbox"/> UNKNOWN
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COMMENTS:
 According to Ted Gerour of the ACHA, state tank I.D. # were unavailable at the time of reporting.
 Cleanup mitigation plan forthcoming

