

fuels NOR

Records Organize Go To Exit

SITENAME SCHWABACKER-FREY CASENO.# RBFILENO 01-1307
STREETNO 5733 STREET PELLEDEAU HOW DISCOVERED TC
CITY EMERYVILLE ZIP DISCVRDATE 01/27/87
COUNTY 01 LOCALAGENCY 01000 MOPNO HOWSTOPPED CT STOPDATE 01/27/87
PRIORITY X: XXXXX Y: XXXXX LAT: XXXXX LON: XXXXX LEAKSOURCE T LEAKCAUSE F

ENTERDATE 00/00/00 REVIEWDATE 08/24/94 CORRDATE 02/02/87 RPTDATE 01/27/87
UPDATE REVSTAT C STAFF KLG FUNDING F NO.WELLS: PILOTPRPGM Y

PRIM SUB 8006619 SEC SUB MAXSOIL 540 MAXGW 0
MAXBENZENE 0 BENZENE 0 GWDEPTH CASETYPE S STATUS 0

DATE 1 00/00/00 DATE3A 00/00/00 DATE3B 00/00/00 DATE5C 00/00/00
DATE5R 00/00/00 DATE 7 00/00/00 DATE 8 00/00/00 DATE 9 00/00/00

INTERIM Y INTERIMDATE 00/00/00 ABATEMETHOD NT LEADAGENCY L

CASELIST FUEL ENFORCETYPE 0 ENFORCEDATE 00/00/00 RPSEARCH S

COMMENT NFAP; SENT FILE TO LOP 8/94

Edit D:\fuels\FUELDB Rec 1472/2127 File NumCaps

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DATE 1 00/00/00 DATE3A 00/00/00 DATE3B 00/00/00 DATE5C 00/00/00
DATE5R 00/00/00 DATE 7 00/00/00 DATE 8 00/00/00 DATE 9 00/00/00

INTERIM Y INTERIMDATE 00/00/00 ABATEMETHOD NT LEADAGENCY L

CASELIST FUEL ENFORCETYPE 0 ENFORCEDATE 00/00/00 RPSEARCH S

COMMENT NFAP; SENT FILE TO LOP 8/94

Edit RD:\fuels\FUELDB Rec 1472/2127 File NumCaps

Probable new site

01-1307

FUEL LEAK CASE FORM

Enter Date / /
Review Date 10/21/90
Date of Last Corr. 02/02/1983
Report Date 01/28/87

Review Status C
Evaluator TO
Sitename Schwabach / Trev
Street Number 5733
Street Paladeau St
City Emeryville
Zip
County 01
Local Agency 01000
MOPNO
Primary Substance 8006619
Secondary Substance

Max. Soil Conc. (ppm) 540
Max G.W. Impact (ppb)

Case Type S G D U
Groundwater Depth

Priority B3
Rank
Status 0
Date 3A / /
Date 3B / /
Date 5C / /
Date 5R / /
Date 7 / /
Date 8 / /
Date 9 / /

Interim Y N
Interim Date / /
Abate Method NT

Lead Agency I R LI MI
UGT I N
Division UST
Enforce Type 0 1 2 3
Enforce Date / /
RP Search S I R N

Comment (80 Characters)

NRAP

INSTRUCTIONS

-2-

1. GENERAL

In box titled "EMERGENCY", indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

In space provided, enter state tank ID number if known. State ID numbers have been assigned to all tanks that are on file with the State Water Resources Control Board. Enter today's date in the box titled "Report Date". Enter local and Regional Water Quality Control Board case numbers if known. Enter the US EPA facility number if applicable.

2. REPORTED BY

Enter your name, telephone number and address. Indicate which party you represent, and provide company or agency name.

3. RESPONSIBLE PARTY

Enter the name, telephone number, contact person, and address of the party responsible for the leak, or mark unknown. For tank leaks, the responsible party would normally be the tank owner.

4. SITE LOCATION

Enter information regarding the tank facility and surrounding area. If a known tank or facility is not involved, enter general location of the contamination site as best possible; i.e., street, city, county, zip, cross street, and type of area.

5. IMPLEMENTING AGENCIES

Enter names of the local agency, Regional Board and/or Toxic Substances Control Division (TSCD) regional office involved and a contact person and telephone number for each.

6. SUBSTANCES INVOLVED

Enter the CAS number(s) (if known), name(s), and quantities lost of all hazardous substances involved. Attach an extra sheet if more than two substances are involved. Be as specific as possible.

7. DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the discharge. More than one box may be checked in the sections titled "How Discovered" and "Method Used To Stop Discharge" if appropriate.

8. SOURCE/CAUSE

Indicate source(s) of discharge. Provide details on tank age; capacity and material if a tank is involved. Check box(es) indicating cause of discharge. More than one box may be checked if appropriate.

9. RESOURCES AFFECTED/AT RISK

In section titled "RESOURCES AFFECTED" indicate whether any of the resources listed have been affected ("YES"), will not be affected ("NO"), or may be affected ("THREATENED") by the release. Check "UNKNOWN" if unsure of the status of a resource. Specify any unlisted resources which are, or may be, involved under "OTHER". The same instructions apply to the section titled "WATER SUPPLIES AFFECTED." Give the number of water wells affected or threatened, if known. Provide the name of the ground-water basin underlying the site, if known, in the space provided.

10. COMMENTS

Use this space to elaborate on any aspects of the incident. Comments on cleanup work or planning or related investigations should be reported on a separate Cleanup Tracking Report.

11. SIGNATURE

Sign the form in the space provided.

DISTRIBUTION

Hand deliver or mail copies of the form as follows:

- | | |
|--|--|
| 1) Original - Local Agency | 3) Regional Water Quality Control Board |
| 2) State Water Resources Control Board
Division of Water Quality
Underground Tank Program
P. O. Box 100
Sacramento, CA 95801 | 4) Toxic Substances Control Division
Underground Tank Program
714/744 P Street
Sacramento, CA 95814 |
| | 5) Owner/responsible party |

ENVIRONMENTAL HEALTH
 ADMINISTRATION
 JAN 28 1997
 SACRAMENTO, CA

DB

(33)

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input 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 M 12 D 7 D Y 7 Y	LOCAL CASE #	REGIONAL BOARD CASE #	US EPA ID #
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT	PHONE ()	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			
STREET	CITY	STATE	ZIP

RESPONSIBLE PARTY	NAME	CONTACT PERSON	PHONE ()
	<input type="checkbox"/> UNKNOWN		

ADDRESS			
STREET	CITY	STATE	ZIP

SITE LOCATION	FACILITY NAME (IF APPLICABLE)	OPERATOR	PHONE ()
---------------	-------------------------------	----------	--------------

ADDRESS			
STREET	CITY	COUNTY	ZIP

CROSS STREET	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION
	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER

IMPLEMENTING AGENCIES	LOCAL AGENCY	AGENCY NAME	CONTACT PERSON	PHONE ()
-----------------------	--------------	-------------	----------------	--------------

REGIONAL BOARD				
----------------	--	--	--	--

TSCD				
------	--	--	--	--

SUBSTANCES INVOLVED	CAS # (ATTACH EXTRA SHEET IF NEEDED)	NAME	QUANTITY LOST (GALLONS)
(1)			<input checked="" type="checkbox"/> UNKNOWN

(2)			<input type="checkbox"/> UNKNOWN
-----	--	--	----------------------------------

DISCOVERY/ABATEMENT	DATE DISCOVERED M M D D Y Y	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 type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)
---	----------------------------------	--

HAS DISCHARGE BEEN STOPPED?	<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURES	<input checked="" type="checkbox"/> OTHER
-----------------------------	--	---

SOURCE/CAUSE	SOURCE(S) OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN	TANKS ONLY/CAPACITY _____ GAL	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION
	<input type="checkbox"/> PIPING LEAK	AGE _____ YRS. <input checked="" type="checkbox"/> UNKNOWN	<input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL
	<input type="checkbox"/> OTHER (SPECIFY)	MATERIAL <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS	<input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER

RESOURCES AFFECTED/AT RISK	RESOURCES AFFECTED		THREATENED		WATER SUPPLIES AFFECTED		THREATENED	UN- KNOWN	# OF
	YES	NO	YES	NO	YES	NO	YES	NO	WELLS
AIR (VAPOR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SOIL (VADOSE ZONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GROUNDWATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SURFACE WATER OR STORM DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
BUILDING OR UTILITY VAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

GROUNDWATER BASIN NAME	<input type="checkbox"/> UNKNOWN
------------------------	----------------------------------

COMMENTS:
COMPLETE AND ATTACH A CLEANUP TRACKING REPORT IF ANY CLEANUP WORK OR PLANNING HAS

INSTRUCTIONS

-2-

1. GENERAL

In box titled "EMERGENCY", indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

In space provided, enter state tank ID number if known. State ID numbers have been assigned to all tanks that are on file with the State Water Resources Control Board. Enter today's date in the box titled "Report Date". Enter local and Regional Water Quality Control Board case numbers if known. Enter the US EPA facility number if applicable.

2. REPORTED BY

Enter your name, telephone number and address. Indicate which party you represent, and provide company or agency name.

3. RESPONSIBLE PARTY

Enter the name, telephone number, contact person, and address of the party responsible for the leak, or mark unknown. For tank leaks, the responsible party would normally be the tank owner.

4. SITE LOCATION

Enter information regarding the tank facility and surrounding area. If a known tank or facility is not involved, enter general location of the contamination site as best possible; i.e., street, city, county, zip, cross street, and type of area.

5. IMPLEMENTING AGENCIES

Enter names of the local agency, Regional Board and/or Toxic Substances Control Division (TSCD) regional office involved and a contact person and telephone number for each.

6. SUBSTANCES INVOLVED

Enter the CAS number(s) (if known), name(s), and quantities lost of all hazardous substances involved. Attach an extra sheet if more than two substances are involved. Be as specific as possible.

7. DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the discharge. More than one box may be checked in the sections titled "How Discovered" and "Method Used To Stop Discharge" if appropriate.

8. SOURCE/CAUSE

Indicate source(s) of discharge. Provide details on tank age; capacity and material if a tank is involved. Check box(es) indicating cause of discharge. More than one box may be checked if appropriate.

9. RESOURCES AFFECTED/AT RISK

In section titled "RESOURCES AFFECTED" indicate whether any of the resources listed have been affected ("YES"), will not be affected ("NO"), or may be affected ("THREATENED") by the release. Check "UNKNOWN" if unsure of the status of a resource. Specify any unlisted resources which are, or may be, involved under "OTHER". The same instructions apply to the section titled "WATER SUPPLIES AFFECTED." Give the number of water wells affected or threatened, if known. Provide the name of the ground-water basin underlying the site, if known, in the space provided.

10. COMMENTS

Use this space to elaborate on any aspects of the incident. Comments on cleanup work or planning or related investigations should be reported on a separate Cleanup Tracking Report.

11. SIGNATURE

Sign the form in the space provided.

DISTRIBUTION

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- | | |
|--|--|
| 1) Original - Local Agency | 3) Regional Water Quality Control Board |
| 2) State Water Resources Control Board
Division of Water Quality
Underground Tank Program
P. O. Box 100
Sacramento, CA 95801 | 4) Toxic Substances Control Division
Underground Tank Program
714/744 P Street
Sacramento, CA 95814 |
| | 5) Owner/responsible party |

CONTROL BOARD

1987

[Handwritten signature]

0930-027

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input 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		LOCAL CASE #	REGIONAL BOARD CASE #								
M M D D Y Y		US EPA ID #									
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT SB JOHNSTON		PHONE (415) 261 9424								
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		SIGNATURE RW JOHNSTON+SON								
	ADDRESS 801 STREET 53rd AVE CITY OAKLAND STATE CA ZIP 94601										
RESPONSIBLE PARTY	NAME <input checked="" type="checkbox"/> UNKNOWN		CONTACT PERSON PHONE								
	ADDRESS STREET CITY STATE ZIP										
SITE LOCATION	FACILITY NAME (IF APPLICABLE) SCHWABACKER-FREY		OPERATOR SCHWABACKER-FREY PHONE (415) 652-1000								
	ADDRESS 5733 STREET PELEDEAU ST CITY EMERYVILLE COUNTY ALAMEDA										
	CROSS STREET HARUEFF ST	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER WAREHOUSE								
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY HEALTH DEPT		CONTACT PERSON TED GEROW PHONE (415) 874-6434								
	REGIONAL BOARD		PHONE								
	TSCD		PHONE								
SUBSTANCE INVOLVED	CAS # (ATTACH EXTRA SHEET IF NEEDED) NAME (1) DIESEL FUEL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN								
	(2)		<input type="checkbox"/> UNKNOWN								
DISCOVERY/ABATEMENT	DATE DISCOVERED	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:									
	M M D D Y Y										
	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 type="checkbox"/> OTHER									
HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		M M D D Y Y									
SOURCE/CAUSE	SOURCE(S) OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER (SPECIFY)		TANKS ONLY/CAPACITY 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 type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER								
RESOURCES AFFECTED/AT RISK	RESOURCES AFFECTED				WATER SUPPLIES AFFECTED				THREATENED: UNKNOWN WELLS		
		YES	NO	THREATENED	UNKNOWN		YES	NO			
	AIR (VAPOR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC DRINKING WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOIL (VADOSE ZONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRIVATE DRINKING WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
GROUNDWATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDUSTRIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SURFACE WATER OR STORM DRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AGRICULTURAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BUILDING OR UTILITY VAULT	<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"/>		
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		GROUNDWATER BASIN NAME <input type="checkbox"/> UNKNOWN									
COMMENTS:											

COMPLETE AND ATTACH A CLEANUP TRACKING REPORT IF ANY CLEANUP WORK OR PLANNING HAS STARTED

1. GENERAL

In box titled "EMERGENCY", indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

In space provided, enter state tank ID number if known. State ID numbers have been assigned to all tanks that are on file with the State Water Resources Control Board. Enter today's date in the box titled "Report Date". Enter local and Regional Water Quality Control Board case numbers if known. Enter the IS/PA facility number if applicable.

2. REPORTED BY

Enter your name, telephone number and address. Indicate which party you represent, and provide company or agency name.

3. RESPONSIBLE PARTY

Enter the name, telephone number, contact person, and address of the party responsible for the leak, or mark unknown. For tank leaks, the responsible party would normally be the tank owner.

4. SITE LOCATION

Enter information regarding the tank facility and surrounding area. If a tank or facility is not involved, enter general location of the contamination site as best possible; i.e., street, city, county, zip, latitude, longitude, and type of area.

5. NOTIFYING AGENCIES

Enter names of the local agency, Regional Board and/or Toxic Substances Control Division (TSCD) regional office involved and a contact person and telephone number for each.

6. HAZARDOUS MATERIALS INVOLVED

Enter the name(s) of chemical(s), name(s), and quantities lost of all hazardous materials involved. Attach an extra sheet if more than two materials are involved. Be as specific as possible.

7. ADDITIONAL COMMENTS

Enter any information regarding the discovery and abatement of the spill. Attach any other information checked in the sections titled "Box to be checked if appropriate" or "Box to be checked if appropriate."

8. SOURCE/CAUSE

Indicate source(s) of discharge. Provide details on tank age; capacity and material if a tank is involved. Check box(es) indicating cause of discharge. More than one box may be checked if appropriate.

9. RESOURCES AFFECTED/AT RISK

In section titled "RESOURCES AFFECTED" indicate whether any of the resources listed have been affected ("YES"), will not be affected ("NO"), or may be affected ("THREATENED") by the release. Check "UNKNOWN" if unsure of the status of a resource. Specify any unlisted resources which are, or may be, involved under "OTHER". The same instructions apply to the section titled "WATER SUPPLIES AFFECTED." Give the number of water wells affected or threatened, if known. Provide the name of the ground-water basin underlying the site, if known, in the space provided.

10. COMMENTS

Use this space to elaborate on any aspects of the incident. Comments on cleanup work or planning or related investigations should be reported on a separate Cleanup Tracking Report.

11. SIGNATURE

Sign the form in the space provided.

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| 1) Original - Local Agency | 3) Regional Water Quality Control Board |
| 2) State Water Resources Control Board
Division of Water Quality
Underground Tank Program
P. O. Box 100
Sacramento, CA 95801 | 4) Toxic Substances Control Division
Underground Tank Program
P. O. Box 100
Sacramento, CA 95814 |

