

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 25188.7 OF THE PUBLIC RESOURCES SAFETY CODE.	
REPORT DATE 12/20/07		CASE #		10/21/08	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Steven Flexser		PHONE 510-658-6916	SIGNATURE Steven Flexser	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER...		COMPANY OR AGENCY NAME Xtra Oil Company		
ADDRESS 55 Santa Clara Ave., Suite 210 Oakland CA 94610					
RESPONSIBLE PARTY	NAME Xtra Oil Company <input type="checkbox"/> Unknown			PHONE 510-865-9506	
	ADDRESS 2307 Pacific Ave. Alameda CA 94501				
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR Xtra Oil Company	PHONE 510-865-9506	
	ADDRESS 4171 Broadway Oakland Alameda				
	CROSS STREET Garnet				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Oakland Fire Department			PHONE 510-238-7760	
	REGIONAL BOARD SF RWQLB			PHONE 510-622-2300	
SUBSTANCES INVOLVED	1) gasoline			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown	
	2)			<input type="checkbox"/> Unknown	
DISCOVERY/ABATEMENT	DATE DISCOVERED December 10, 1986		HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input checked="" type="checkbox"/> Subsurface Monitoring <input checked="" type="checkbox"/> Other... Soil sample analysis		
	DATE DISCHARGE BEGAN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other... <input type="checkbox"/> Repair Piping		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DATE December 10, 1986		
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other...		CAUSE(S) <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other...		
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> Undetermined <input checked="" 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"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input checked="" type="checkbox"/> Preliminary Site Assessment Underway				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment at Hookup (HU) <input type="checkbox"/> Other... <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)				
COMMENTS					