

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

EMERGENCY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.
REPORT DATE 03/10/09	CASE #	DATE

REPORTED BY NAME OF INDIVIDUAL FILING REPORT Flavio D. Barrantes	PHONE (510) 747-7900	SIGNATURE Flavio D. Barrantes
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 City of Alameda	
ADDRESS 1616 Fortmann Way Alameda CA 94501		

RESPONSIBLE PARTY NAME City of Alameda	CONTACT PERSON Flavio D. Barrantes	PHONE (510) 747-7900
ADDRESS 1616 Fortmann Way Alameda CA 94501		

SITE LOCATION FACILITY NAME (IF APPLICABLE) Maintenance Service Center	OPERATOR Robert Baldwin	PHONE (510) 747-7900
ADDRESS 1616 Fortmann Way Alameda Alameda 94501		
CROSS STREET Grand Street		

LOCAL AGENCY Alameda County Dept. of Environ Health	AGENCY NAME	CONTACT PERSON Robert Weston	PHONE (510) 567-6781
REGIONAL BOARD N/A			PHONE ()

SUBSTANCES INVOLVED 1) Diesel - Approx. 200 gals. spilled. All diesel captured.	QUANTITY LOST (GALLONS) 0	<input type="checkbox"/> UNKNOWN
2) No diesel fuel entered the storm drain system.		<input type="checkbox"/> UNKNOWN

DISCOVERY/CONTAINMENT DATE DISCOVERED 03/05/09	HOW DISCOVERED <input type="checkbox"/> TASK TEST <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS	<input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER Observed white filling UST
DATE DISCHARGE BEGAN 03/05/09	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)	
HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 03/05/09	<input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING	<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE
	<input type="checkbox"/> REPLACE TANK	<input checked="" type="checkbox"/> OTHER All diesel contained & captured.

SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> SPILL <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)

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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)	<input type="checkbox"/> CLEANUP UNDERWAY	

REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (RP) <input type="checkbox"/> ENHANCED BIO-DEGRADATION (IT)	<input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <input type="checkbox"/> REPLACE SUPPLY (RS)	<input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HL) <input type="checkbox"/> VENT SOIL (VS)
<input checked="" type="checkbox"/> OTHER (OT) All spilled diesel fuel captured and properly		

transported to appropriate disposal facility by qualified personnel trained in Haz. mat. removal, transportation and disposal.

* The Alameda Fire Department is responsible for contacting OES.