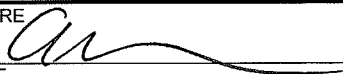


# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

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 25180.7 OF THE HEALTH AND SAFETY CODE.  SIGNED _____ DATE _____	
REPORT DATE 4/23/2010		CASE # RO0003014			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Avery Patton		PHONE (510) 663-4100	SIGNATURE 	
	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 AMEC Geomatrix, Inc.		
	ADDRESS 2101 Webster St., 12th Floor STREET Oakland CITY CA STATE 94612 ZIP				
RESPONSIBLE PARTY	NAME Betty J. Woolverton Trust <input type="checkbox"/> Unknown		CONTACT PERSON Terri Costello		PHONE (925) 984-1426
	ADDRESS 25 Meadowlark Court STREET Danville CITY CA STATE 94526 ZIP				
	NAME Crown Chevrolet <input type="checkbox"/> Unknown		CONTACT PERSON Patrick Costello		PHONE (925) 556-3201
	ADDRESS P.O. Box 2010 STREET Dublin CITY CA STATE 94568 ZIP				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Crown Chevrolet-Cadillac-Isuzu		OPERATOR Patrick Costello		PHONE (925) 556-3201
	ADDRESS 7544 Dublin Blvd. and 6707 Golden Gate Dr. STREET Dublin CITY Alameda COUNTY 94568 ZIP				
	CROSS STREET Golden Gate Dr.				
IMPLEMENTING AGENCIES	LOCAL AGENCY    AGENCY NAME Alameda County Environmental Health				PHONE (510) 567-6700
	REGIONAL BOARD San Francisco Bay RWQCB				PHONE (510) 622-2300
SUBSTANCE(S) INVOLVED	(1)    NAME		QUANTITY LOST (GALLONS)		
	Total petroleum hydrocarbons as motor oil		<input checked="" type="checkbox"/> Unknown		
(2)					
Total petroleum hydrocarbons as diesel		<input checked="" type="checkbox"/> Unknown			
DISCOVERY/ABATEMENT	DATE DISCOVERED 3/16/2009	HOW DISCOVERED <input type="checkbox"/> Tank Test <input type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input checked="" type="checkbox"/> Subsurface Monitoring <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"/> 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 type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE				
SOURCE/CAUSE	SOURCE OF DISCHARGE		CAUSE(S)		
	<input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other		<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 type="checkbox"/> Soil Only <input checked="" 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 checked="" type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input 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					