

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

EMERGENCY YES NO HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES NO STATE TANK ID # 00000008435001

REPORT DATE 06 30 86 LOCAL CASE # _____ REGIONAL BOARD CASE # _____ US EPA ID # _____

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT J.R. HALLADAY PHONE (501) 785-8854 SIGNATURE J.R. Halladay
 REPRESENTING LOCAL AGENCY OTHER OWNER/OPERATOR REGIONAL BOARD COMPANY OR AGENCY NAME ABF FREIGHT SYSTEM
 ADDRESS: STREET 4575 TIDE WATER CITY OAKLAND STATE CA ZIP 94601

RESPONSIBLE PARTY: NAME ABF FREIGHT SYSTEM UNKNOWN CONTACT PERSON Jim HALLADAY PHONE (501) 785-8854
 ADDRESS: 301 So 11 STREET ~~301 So 11th~~ CITY FT Smith STATE AR ZIP 72902

SITE LOCATION: FACILITY NAME (IF APPLICABLE) ABF FREIGHT SYSTEM OPERATOR GENE WESTBARK PHONE (413) 533-8575
 ADDRESS: STREET 4575 TIDE WATER CITY OAKLAND COUNTY ALAMEDA ZIP 94601
 CROSS STREET NIGH TYPE OF AREA COMMERCIAL INDUSTRIAL RESIDENTIAL RURAL OTHER _____ TYPE OF BUSINESS RETAIL FUEL STATION OTHER Common CARRIER

IMPLEMENTING AGENCIES: LOCAL AGENCY ALAMEDA Co AGENCY NAME ENVIRO HEALTH CONTACT PERSON TED GEROW PHONE ()
 REGIONAL BOARD Reg WATER QUALITY CONTROL Bd CONTACT PERSON DALE BOYER PHONE (415) 464-1255
 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 INVENTORY CONTROL SUBSURFACE MONITORING ROUTINE MONITORING TANK REMOVAL NUISANCE CONDITIONS OTHER: _____
 DATE DISCHARGE BEGAN M M D D Y Y UNKNOWN METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)
 REMOVE CONTENTS REPLACE TANK CLOSE TANK
 REPAIR TANK REPAIR PIPING CHANGE PROCEDURES
 HAS DISCHARGE BEEN STOPPED? YES NO IF YES, DATE M M D D Y Y OTHER _____

SOURCE/CAUSE: SOURCE(S) OF DISCHARGE TANK LEAK UNKNOWN PIPING LEAK OTHER (SPECIFY) OVER FILL
 TANKS ONLY/CAPACITY: AGE 13 YRS. UNKNOWN. MATERIAL STEEL FIBERGLASS OTHER _____ GAL _____
 CAUSE(S) OVERFILL CORROSION RUPTURE/FAILURE SPILL UNKNOWN OTHER _____

| 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 type="checkbox"/> | PUBLIC DRINKING WATER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| GROUNDWATER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | INDUSTRIAL | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 UNKNOWN

COMMENTS: AWAITING SITE EVALUATION. I BELIEVE WE HAVE MINOR CONTAMINATION AROUND TANK CAUSED BY A LEAKING PIPE AND OVER FILLS.
J.R. Halladay