



THE SALVATION ARMY

Adult Rehabilitation Centers Command
180 East Ocean Boulevard, 3rd Floor
Long Beach, CA 90802-4709

RECEIVED

3:27 pm, Nov 01, 2011

Alameda County
Environmental Health

WILLIAM BOOTH
Founder

LINDA BOND
General

JAMES KNAGGS
Territorial Commander


MAN-HEE CHANG
ARC Commander

October 25, 2011

Re: URF
The Salvation Army Adult Rehabilitation Center
601 Webster Street
Oakland, CA 94607

"I declare under penalty of perjury that the information and /or recommendations contained in the attached document or report is true and correct to the best of my knowledge."

Submitted by,


Michael Dossey, Major
ARC Command General Secretary

Attachment

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	
REPORT DATE September 20, 2010		CASE #	
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 25189.7 OF THE HEALTH AND SAFETY CODE. SIGNED _____ DATE _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Michael Dossey		PHONE (562) 491-4145
	COMPANY OR AGENCY NAME The Salvation Army		SIGNATURE <input checked="" type="checkbox"/> The Salvation Army by: <i>Michael A. Dossey</i>
RESPONSIBLE PARTY	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER		ADDRESS 180 East Ocean Blvd. 3rd Floor Long Beach, CA 90802
	STREET CITY STATE ZIP		
SITE LOCATION	NAME <input checked="" type="checkbox"/> Unknown		CONTACT PERSON PHONE ()
	ADDRESS		
IMPLEMENTING AGENCIES	FACILITY NAME (IF APPLICABLE) The Salvation Army		OPERATOR Same
	ADDRESS 601 Webster Oakland Alameda 94607-4125		PHONE (510) 451-4514
SUBSTANCES INVOLVED	LOCAL AGENCY AGENCY NAME Alameda County Local Oversight Agency (LOP)		PHONE (510) 567-6700
	REGIONAL BOARD RWQCB 2 San Francisco Bay Region		PHONE (510) 622-2433
DISCOVERY/DISCOVERY	DATE DISCOVERED Benzene		HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input 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 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
SOURCE/ CAUSE	DATE DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____		HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____
	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 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"/> 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 checked="" 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		