

UNDERGROUND STORAGE TANK (UST) SITE - UNAUTHORIZED RELEASE / CONTAMINATION 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 25180.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE 1/17/2017	CASE # _____	SIGNED _____ DATE _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Amanda Magee	PHONE (916) 619-5982	SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Stantec		
	ADDRESS SSS Capitol Mall, Suite 650 Sacramento CA 95814-4583			

RESPONSIBLE PARTY	NAME <input type="checkbox"/> Unknown	CONTACT PERSON	PHONE ()
	ADDRESS _____		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) 7-Eleven #37634	OPERATOR 7-Eleven Inc	PHONE ()	
	ADDRESS 506 International Blvd Oakland Alameda 94606			
	CROSS STREET 5th Street			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Dept. of Environmental Health	PHONE (510) 567-6781
	REGIONAL BOARD San Francisco Bay RWQCB	PHONE (510) 622-2300

SUBSTANCES INVOLVED	(1) NAME gasoline	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown
	(2) _____	<input type="checkbox"/> Unknown

DISCOVERY/ABATEMENT	DATE DISCOVERED 9/13/16	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 type="checkbox"/> Close Tank <input checked="" type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input checked="" 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 9/8/16			

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input checked="" type="checkbox"/> Dispenser <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Submersible Turbine Pump (STP) <input type="checkbox"/> Other	CAUSE(S) <input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Physical/Mechanical Damage <input type="checkbox"/> Corrosion <input type="checkbox"/> Installation Problem <input checked="" type="checkbox"/> Unknown <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)
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CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> Open - Site Assessment <input type="checkbox"/> Open - Verification Monitoring <input type="checkbox"/> Open - Assessment & Interim Remedial Action <input type="checkbox"/> Open - Inactive <input type="checkbox"/> Open - Remediation <input type="checkbox"/> Closed - No Further Action Required
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) Human health exposure control? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Groundwater migration control? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	<input type="checkbox"/> No Action Required (NAR) <input type="checkbox"/> Excavate & Dispose (ED)	<input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Free Product Removal (FPR)	<input type="checkbox"/> Treatment at Hookup (TH) <input type="checkbox"/> Replace Supply (RS)	<input type="checkbox"/> Other

COMMENTS	_____
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