

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		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. SIGNED: <u>Storm Goranson</u> DATE: <u>1/21/88</u>	
REPORT DATE <u>0</u> M <u>1</u> D <u>0</u> B <u>0</u> V <u>8</u> Y		CASE # _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>SAMUEL D. LARAÑO</u>		PHONE <u>(415) 573-8012</u>	SIGNATURE <u>Samuel D. Laraño</u>	
	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 <u>CANONIE ENVIRONMENTAL</u>		
	ADDRESS <u>1825 SO. GRANT ST., SUITE 260 SAN MATEO CA 94402</u>				
RESPONSIBLE PARTY	NAME <u>SOUTHERN PACIFIC</u> <input type="checkbox"/> UNKNOWN		CONTACT PERSON <u>TIM BECKER</u>		PHONE <u>(415) 541-2385</u>
	ADDRESS <u>ONE MARKET PLAZA, RM. 1007 SAN FRANCISCO CA 94105</u>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>SOUTHERN PACIFIC - DIESEL SHOP</u>		OPERATOR <u>SOUTHERN PACIFIC</u>		PHONE <u>(415) 541-2385</u>
	ADDRESS <u>DIESEL SHOP FOOT OF PINE ST. OAKLAND ALAMEDA 94609</u>				
	CROSS STREET		TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER <u>RAILROAD</u>	
IMPLEMENTING AGENCIES	LOCAL AGENCY <u>ALAMEDA COUNTY HEALTH AGENCY</u>		AGENCY NAME <u>ALAMEDA COUNTY HEALTH AGENCY</u>		CONTACT PERSON <u>STORM GORANSON</u>
	REGIONAL BOARD <u>CRINGOBS - SAN FRANCISCO BAY REG.</u>				PHONE <u>(415) 874-7237</u>
SUBSTANCES INVOLVED	(1) NAME <u>GASOLINE (DIESEL SHOP - TANK REF. NO. 15)</u>				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____ <input type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED <u>0</u> M <u>1</u> D <u>0</u> B <u>0</u> V <u>8</u> Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <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"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER <u>REMOVE TANK</u>		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>0</u> M <u>1</u> D <u>0</u> B <u>0</u> V <u>8</u> Y				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN		TANKS ONLY/CAPACITY <u>1 @ 550</u> GAL.		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER
	<input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <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 checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <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 (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) <u>NO ACTION TAKEN YET</u>				
COMMENTS	_____				

INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION

Enter information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Provide details on tank age; capacity and material if known. Check box(es) indicating cause of leak.

CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

REMEDIAL ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of options follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment at Hookup - install water treatment devices at each dwelling or other place of use.
- No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in tact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

P 759 896 720
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to <i>Southern Pacific Railroad</i>	
Street and No. <i>1 Market Plaza, Rm. 1027</i>	
P.O., State and ZIP Code <i>SFO 94105</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985