



SAFETY SPECIALISTS, Inc.
The Full Service Environmental, Health & Safety Corporation

P.O. Box 4420, Santa Clara, CA 95054
Telephone (408) 988-1111
Contractor's License No. 460905

May 25, 1990

Mr. Robert Smith
Tank Excavators
P.O. Box 8402
Santa Cruz, CA 95601

Reference: Safety Specialists, Inc., Project Number 530178

Dear Mr. Smith:

This report documents the soil sampling activities by Safety Specialists, Inc., during tank removal operations at 295 Park Street in San Leandro, California.

On May 9, 1990 Tank Excavators excavated and removed one gasoline tank from the subject site. The tank appeared sound and still retained its protective coating. Three soil samples were collected from a depth of two feet below the bottom of the tank (see figure 1). All samples were analyzed for total petroleum hydrocarbons as gasoline (TPHg) and benzene, toluene, ethylbenzene, and xylenes (BTEX).

SOIL SAMPLING

The soil samples were collected in six-inch long, two-inch diameter, new brass sleeves. A backhoe was used to excavate soil from a depth of two feet below the tank. The sleeves were forced into the soil manually until full.

Upon collection in the brass sleeves, the samples were trimmed and the ends of the sleeves were covered with aluminum foil. The ends were then capped with plastic end-caps and sealed with tape. The samples were labeled as to time, date and sample location. The samples were then placed in a cooler with freezer packs and transported to Sequoia Analytical, a State-certified Hazardous Materials Testing Laboratory for analysis, accompanied by the proper chain of custody form.

LABORATORY ANALYSIS AND RESULTS

EPA Methods 5030/8015/8020 were used to analyze TPHg/BTEX. TPHg was detected in all three samples at levels ranging from 250 to 1,800 mg/kg. The analytical results are summarized in the following table. Concentrations are in parts per million (ppm).



SAFETY SPECIALISTS, Inc.
The Full Service Environmental, Health & Safety Corporation

GARY WANGAN

305 DOMINGO CT.

SAN RAMON

94583

830-1433

GARY
415-

SI

21

SI

May 25, 1990

Mr. Robert Smith
Tank Excavators
P.O. Box 8402
Santa Cruz, CA 95601

PHILLIPS RRSP.

Reference: Safety Specialists, Inc., Project Number 531

Dear Mr. Smith:

This report documents the soil sampling activities by Inc., during tank removal operations at 295 Park Street California.

On May 9, 1990 Tank Excavators excavated and removed the subject site. The tank appeared sound and still protective coating. Three soil samples were collected feet below the bottom of the tank (see figure 1). A analyzed for total petroleum hydrocarbons as gasoline toluene, ethylbenzene, and xylenes (BTEX).

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LABORATORY ANALYSIS AND RESULTS

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Analyte	Sample S1	Sample S2	Sample S3
	mg/kg	mg/kg	mg/kg
TPH/gasoline	1000	1800	250
Benzene	.34	.52	.44
Toluene	2.5	14	3
Ethylbenzene	6.5	31	2.3
Xylenes	53	190	13

DISCUSSION

Concentrations of total petroleum hydrocarbons are higher than maximum contaminant levels allowable. Further excavation will be required. The walls and base of the new pit must be resampled to verify that excavation will be complete and no contamination remains in the soil.

Should groundwater be encountered then a water sample must be collected instead of soil samples. LUFT regulations state that at least one monitoring well must be installed and sampled to determine if the groundwater has been impacted. The County of Alameda Department of Health Services (DHS) and the Regional Water Quality Control Board (RWQCB) may require a total of three monitoring wells to be installed and sampled quarterly for up to two years.

Further, we recommend that the property owner ask the Alameda County DHS whether a Workplan and Schedule is required. Please note, that is the property owners responsibility to notify the lead agencies in cases of soil or groundwater contamination. Names and addresses are provided in Appendix B for your convenience. Should you wish Safety Specialists, Inc., to send copies of this report to these agencies, we will do so upon your authorization.

Should you have any questions concerning this report, please contact me at (408) 988-1111.

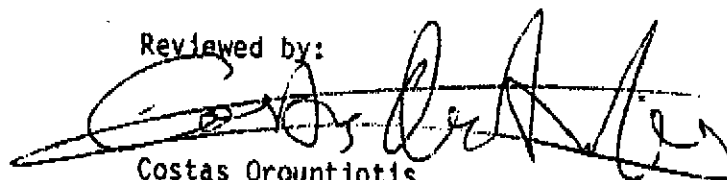
Sincerely,

~~SAFETY SPECIALISTS, INC.~~

for Robert Flory

Robert F. Flory
Project Geologist
Environmental Engineering Services

Reviewed by:



Costas Orountiotis
Program Manager
Environmental Engineering Services

RFF/CO:eso



Analyte	Sample S1	Sample S2	Sample S3
	mg/kg	mg/kg	mg/kg
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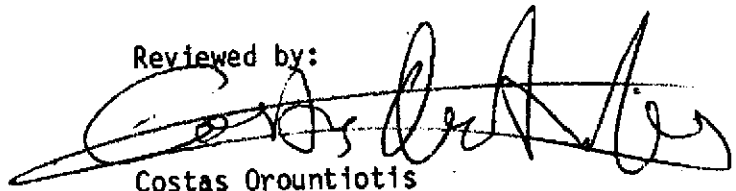
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for Robert Flory

Robert F. Flory
Project Geologist
Environmental Engineering Services

Reviewed by:



Costas Orontiotis
Program Manager
Environmental Engineering Services

RFF/CO:eso



Please print or type. (Form designed for use on elite (12-pitch typewriter).)

90035047

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7368

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C IA IC 10 10 10 12 17 12 10 12 15		Manifest Document No. 0 10 10 10 11		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address GARY WANGAN 305 DOMINGO CT, SAN RAMON, CA 94583						A. State Manifest Document Number 90035047							
4. Generator's Phone 415 830-1433						B. State Generator's ID							
5. Transporter 1 Company Name H & H Ship Service Company			6. US EPA ID Number IC IA 10 10 10 14 17 17 11 16 18			C. State Transporter's ID 100941		D. Transporter's Phone (415) 543-4835					
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address H & H Ship Service Company 220 China Basin Street San Francisco, CA 94107						10. US EPA ID Number IC IA 10 10 10 14 17 17 11 16 18		G. State Facility's ID					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RESIDUE GASOLINE TANK (CALIFORNIA ONLY REGULATED WASTE)						0 10 1		T F		0 1 10 10 10		F	
						State		512		EPA/Other			
						State				EPA/Other			
						State				EPA/Other			
						State				EPA/Other			
J. Additional Descriptions for Materials Listed Above PUMPED OUT 1-1000 GALLON TANK LAST CONTAINING GASOLINE. TANK INERTED WITH DRY ICE FOR TRANSPORT						K. Handling Codes for Wastes Listed Above a. 01							
15. Special Handling Instructions and Additional Information APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR JOB SITE: MORCO 295 PARK ST SAN LEANDRO, CA						16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Dwaine Pizzina			Signature <i>[Signature]</i>			Month Day Year 10/5/1990							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name BARRY A. ROGERS		Signature <i>[Signature]</i>		Month Day Year 10/5/1990			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Printed/Typed Name		Signature		Month Day Year			

Do Not Write Below This Line

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 400, Sacramento, CA 95812-0400

Please print or type. (Form designed for use on elite (12-pitch typewriter).

TOP # 4354

90035047

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA CALL 1-800-852-7360

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		C I A I C I O I O I O I 12 17 12 10 12 15		0 10 10 10 11		A. State Manifest Document Number		90035047	
GARY WANGAN 305 DOMINGO CT, SAN RAMON, CA 94583		4. Generator's Phone		415 830-1433		B. State Generator's ID			
6. Transporter 1 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone		100941 (415) 543-4835	
H & H Ship Service Company		K I A I D I O I O I 4 7 7 1 1 1 6 8		E. State Transporter's ID		F. Transporter's Phone			
7. Transporter 2 Company Name		8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone			
9. Designated Facility Name and Site Address		10. US EPA ID Number		C I A I D I O I O I 4 7 7 1 1 1 6 8		(415) 543-4835			
H & H Ship Service Company 220 China Basin Street San Francisco, CA 94107		11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit (WT/Vol)	
RESIDUE GASOLINE TANK (CALIFORNIA ONLY REGULATED WASTE)		0 0 1 1 1 1 0 1 0 0 0 0 1						1. Waste No. State 512 EPA/Other	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		a. 01		b.		c.	
PUMPED OUT 1-1000 GALLON TANK LAST CONTAINING GASOLINE. TANK INERTED WITH DRY ICE FOR TRANSPORT		15. Special Handling Instructions and Additional Information		APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR		JOB SITE: MORCO 295 PARK ST SAN LEANDRO, CA			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name: DWAINA PROZINA		Signature: [Signature]		Month Day Year: 10/10/90	
		18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name: BARRY A. ROGERS		Signature: [Signature]		Month Day Year: 10/10/90	
19. Discrepancy Indication Space		20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature		Month Day Year	

Do Not Write Below This Line

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 400, Sacramento, CA 95812-0400

SANFORD EXHIBITS INC.

FAX #282-0328 • PHONE #(415) 282-4291

FAX TRANSMISSION

TO: JOHN SCHNETZE

COMPANY: A E S

DEPARTMENT: ?

FAX# 408-377-0706

FROM: CARY WANGAN

SUBJECT: TANK REMOVAL

PAGE 1 OF 4

COMMENTS OR SPECIAL INSTRUCTIONS

SIGNED

Cary Wangan

SENT BY: XEROX Telecopier 7017; 5-23-90 ; 9:32AM ;

4153649233-SAFETY SPECIALIST # 5



SEQUOIA ANALYTICAL

680 Chesapeake Drive • Redwood City, CA 94063
(415) 364-9600 • FAX (415) 364-9233

Safety Specialists, Inc.	Client Project ID: E133-90	Sampled: May 9, 1990
P.O. Box 4420	Matrix Descript: Soil	Received: May 9, 1990
Santa Clara, CA 95054	Analysis Method: EPA 5030/8015/8020	Analyzed: May 16, 1990
Attention: Sue Brochu	First Sample #: 005-1285	Reported: May 16, 1990

TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
005-1285	S1	1,000	0.34	2.5	6.5	53
005-1285	S2	1,800	0.52	14	31	190
005-1287	S3	250	0.44	3.0	2.3	13

Tank Excavators

P. O. BOX 8402 - SANTA CRUZ, CALIFORNIA 95061 • (408) 438-1622

FAX (408) 438-6981 (209) 983-8161

FAX COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: John

LOCATION: Amer Enviro

FAX NUMBER: 1-377-0706

NUMBER OF PAGES INCLUDING COVER SHEET: 4

HARD COPY TO FOLLOW: Y N

DATE: 11/14/90

FROM: _____

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL AS SOON AS POSSIBLE
SO WE MAY RE-TRANSMIT THIS FAX.

NOTES: _____

Tank Excavators

P. O. BOX 8402 - SANTA CRUZ, CALIFORNIA 95061 - (408) 438-1622

FAX (408) 438-6981 (209) 983-8161

FAX COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: John

LOCATION: _____

FAX NUMBER: 1-377-0706

NUMBER OF PAGES INCLUDING COVER SHEET: 10

HARD COPY TO FOLLOW: Y N

DATE: 10/31

FROM: _____

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL AS SOON AS POSSIBLE SO WE MAY RE TRANSMIT THIS FAX.

NOTES: _____



SAFETY SPECIALISTS, Inc.

Alameda County Department of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621
Attention: William Faulhalzer

City of San Leandro Fire Department
835 E. 14th Street
San Leandro, CA 94577
Attention: Mike Bakaldin, Hazardous Materials Coordinator

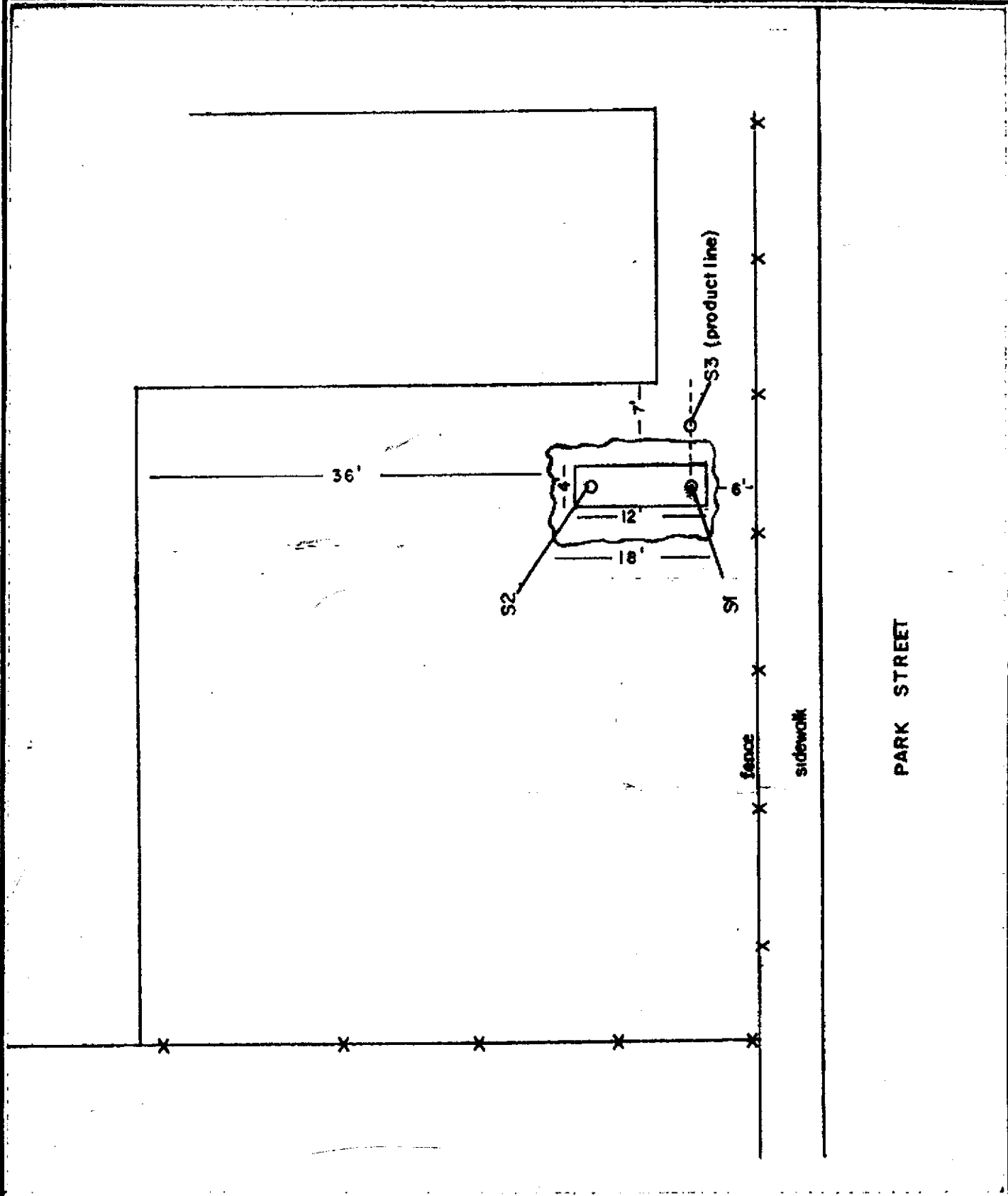
Detection Limits:	1.0	0.0050	0.0050	0.0050	0.0050
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.
Analytes reported as N.D. were not present above the stated limit of detection.

BEQUOIA ANALYTICAL

Maria Lee
Maria Lee
Project Manager

51285.GAF <1>



Safety Specialists, Inc.
 Santa Clara, CA 95054

Sample Locations
 295 Park Street
 San Leandro, California

FIGURE
 1

PROJECT
 530178



SAFETY SPECIALISTS, Inc.
The Full Service Environmental, Health & Safety Corporation

P.O. Box 4420, Santa Clara, CA 95054
Telephone (408) 988-1111
Contractor's License No. 460905

CHAIN OF SAMPLE CUSTODY RECORD

Collector: SST Date Sampled: 5/9/90 Time: _____
 Location of Sampling: 295 PARK ST.
SAN LEANDRO, CA
 Project Number: B. SMITH, 530 Survey Number: E/33-90
 Sample Type: SOIL
 Container Type and Condition: BRASS SLEEVE
 Contract Laboratory Record/Name: SEQUOIA

Sample ID	Field Information
<u>S1</u>	<u>SOIL SAMPLE COLLECTED IN TANK EXCAVATION APPROX. 2 FEET DEEP BELOW TANK BOTTOM</u>
<u>S2</u>	<u>SOIL SAMPLE COLLECTED IN TANK EXCAVATION APPROX. 2 FEET BELOW TANK BOTTOM.</u>
<u>S3</u>	<u>SOIL SAMPLE COLLECTED IN THE PRODUCT LINE TRENCH APPROX. 2 FEET BELOW SURFACE GRADE.</u>

Analysis Requested: TPH gasoline, BTEX on all samples

Results Needed By: 10 DAY TURN AROUND

Travel Blank:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Travel Blank to be Analyzed Separately:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Duplicate Samples:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Duplicates to be Analyzed Separately:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Field Blank:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Field Blank to be Analyzed Separately:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Background Soil Sample:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Background Soil Sample to be Analyzed Separately:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

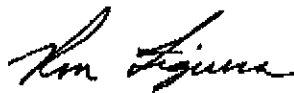
Chain of Custody:

1. <u>AGUIAR</u> Field Personnel	<u>5/9/90</u> Date
2. <u>AGUIAR</u> Courier	<u>5/9/90</u> Date
3. <u>[Signature]</u> Lab	<u>5/9/90 1:35pm</u> Date

ADDENDUM TO TANK CLOSURE

1. All excavated soil will be placed on polypropylene until such time the soil has been determined to be nonhazardous or contamination is below specified amount.
2. Once the underground tank has been brought to the surface, the removal of soil or loose particles shall be removed by broom, shovel or like tools. Striking the vessel with a heavy object such as sledge hammers, crow bars or like tools will not be allowed.
3. Excavated soil shall not be placed back in the ground until the results of soil analysis are presented to Division of Hazardous Materials Department of Environmental Health. At that time you should be guided by his recommendations. Key contact will be Mr. Bill Faulhaber, at (415) 271-4320.
4. If the excavated site should present hazard to the general welfare of the public. The excavated hole may be covered by a clean substance such as pea gravel, sand, or soil. However, the contractor must provide a receipt for the land fill prior to covering.

If you have any questions please feel free to contact me at 577-3318



Ron Figueroa, Inspector
Fire prevention Bureau

**SAN LEANDRO FIRE DEPARTMENT
UNDERGROUND TANK CLOSURE PERMIT**

PERMISSION IS HEREBY GRANTED TO REMOVE UNDERGROUND STORAGE TANKS AS INDICATED BELOW. TANK CLOSURE SHALL CONFORM TO THE INFORMATION PROVIDED IN UNDERGROUND TANK CLOSURE PLAN SUBMITTED TO THE FIRE DEPARTMENT AND TO ALL ADDITIONAL REQUIREMENTS ATTACHED TO THIS PERMIT. TANK REMOVAL SHALL COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS AND REGULATIONS.

FACILITY NAME: Wharehouse

ADDRESS: 295 Park Street San Leandro Ca.

DESCRIPTION OF TANKS
TO BE REMOVED: 1 1000 gallon Gas Tank

A FIRE DEPARTMENT REPRESENTATIVE IS REQUIRED TO WITNESS ALL TANK REMOVALS AND COLLECTION OF ALL SOIL AND WATER SAMPLES. PLEASE CONTACT FIRE DEPARTMENT AT LEAST FORTY-EIGHT HOURS IN ADVANCE IN ORDER TO SCHEDULE INSPECTOR.

FEES PAID: \$ 170.00

DATE: 4-18-90

Ken Laguna 4-26-90

FIRE DEPARTMENT REPRESENTATIVE

11:00 inspection

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 25100.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE M / W / D / D / V / V		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT STEVEN A. SMITH		PHONE (408) 438-1622		SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER CONTRACTOR		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD COMPANY OR AGENCY NAME TANK EXCAVATORS			
RESPONSIBLE PARTY	ADDRESS P.O. BOX 8402		CITY SANTA CRUZ		STATE CA 95061	
	NAME GARY WANGAN		CONTACT PERSON SAME		PHONE (415) 830-1433	
SITE LOCATION	ADDRESS 305 DOMINGO CT		CITY SAN RAMON		STATE CA 94583	
	FACILITY NAME (IF APPLICABLE) WAREHOUSE		OPERATOR GARY WANGAN		PHONE (415) 830-1433	
IMPLEMENTING AGENCIES	ADDRESS 295 PARK ST.		CITY SAN LEANDRO		STATE CA 94577	
	CROSS STREET UNK		TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input 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 STORAGE	
SUBSTANCES INVOLVED	LOCAL AGENCY SAN LEANDRO F.D.		AGENCY NAME		CONTACT PERSON MIKE BAKALDIN	
	REGIONAL BOARD ALAMEDA CO. ENVIRONMENTAL HEALTH		CONTACT PERSON WILLIAM FAULHARTER		PHONE (415) 271-4320	
DISCOVERY/ABATEMENT	(1) NAME GASOLINE		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
SOURCE/CAUSE	DATE DISCOVERED 01/15/09		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 M / W / D / D / V / V <input checked="" type="checkbox"/> UNKNOWN	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
CASE TYPE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY/CAPACITY 1000 GAL. AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	
	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					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
	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"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> TREATMENT AT HOOKUP (HU)		<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA)		<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> OTHER (OT)	
COMMENTS						