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RECEIVED  
3:31 pm, Mar 26, 2009  
Alameda County  
Environmental Health

August 9, 1995

Inspector Kevin Tinsley  
Alameda County Health Care Services  
1131 Harbor Bay Parkway, Room 250  
Alameda, California 94502

RE: UNOCAL SERVICE STATION # 5325  
3220 LAKESHORE AVENUE  
OAKLAND, CALIFORNIA 94610

Dear Inspector Tinsley:

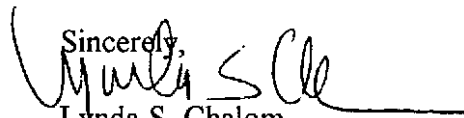
Enclosed, please find a completed Underground Storage Tank Unauthorized Release Report for the above referenced Unocal service station.

Unocal Environmental Guidance Specialist, Marion Miller detected a leak on dispenser #6 (92 super unleaded gasoline) at this facility on August 4, 1995. Marion informed me that a release of product to the soil and dispensing island occurred as a result of this incident.

By copy of this letter a request is being made to Unocal CERT Manager, Mr. Ron Bock to coordinate soil investigation to determine the extent of the release. Ron can be reached as follows:

Mr. Ron Bock (510) 277-303  
Unocal CERT Department  
2000 Crow Canyon Place, Suite 400  
San Ramon, California 94583

Your assistance in this matter is appreciated. Should you have any questions, please call me at (714) 572-7589.

Sincerely,  
  
Lynda S. Chalom  
Leak Reporting Coordinator

LSC/lc  
Enclosure

cc: R.E. Bock - w/incident report  
S.P. Cerovac  
D.F. Ferrell  
S. Le Beaux - BOM  
S. Ng - Operator  
J.M. Tyson  
Leak File

RECEIVED

APR 14 1995

2929 East Imperial Highway  
P.O. Box 2390  
Brea, California 92622-7116  
FAX (714) 572-7116  
A U n o c a l C o m p a n y

# 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 08/08/95		CASE # OES #009412		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Lynda S. Chalom		PHONE (714) 572-7589		SIGNATURE 
	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 Unocal Corporation		
ADDRESS 2929 Imperial Hwy, Room 2106 Brea, California 92621					
RESPONSIBLE PARTY	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN		CONTACT PERSON Ronald Bock		PHONE (510) 277-2303
	ADDRESS 2000 Crow Canyon Place, Suite 400 San Ramon, California 94583				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal Service Station #5325		OPERATOR Stephen Ng		PHONE (510) 893-1675
	ADDRESS 3220 Lakeshore Avenue Oakland Alameda County, CA 94610				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Health Care Services		AGENCY NAME Alameda Co. Health Care Services		CONTACT PERSON Kevin Tinsley
	REGIONAL BOARD		PHONE 610 567-6700		PHONE ( )
SUBSTANCES INVOLVED	(1) NAME 92 Super Unleaded Gasoline				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)				<input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/04/95		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER Internal inspection of Dispenser		
	DATE DISCHARGE BEGAN 08/03/95 <input type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER Repair dispenser		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08/04/95				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input checked="" type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER Possible drive-off		
	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"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) Will be based on investigation findings				
COMMENTS	Per Marion Miller, Dispenser #6/92 super unleaded leaking heavily from side of dispenser. Possible drive-off damage. Unocal Maintenance Contractor Bay Counties, dispatched to investigate/repair.				

ANSWER EACH QUESTION FULLY.

REFER TO LOSS REPORTING & INSURANCE MANUAL FOR DEFINITIONS AND CODES.

# Incident Investigation Report



CLAIM NO. <b>7267007</b>
RISK & INS. LOCATION CODE
SVC. STA. NO./VEHICLE CODE <b>5325</b>
TYPE OF INCIDENT <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> NEAR MISS
UNOCAL'S WORKING INTEREST <b>100</b> %
RISK & INS. USE ONLY CLAIM GROUP CODE

## I. GENERAL INFORMATION (DATE AND TIME REFER TO INCIDENT/DIAGNOSIS OF ILLNESS)

DATE <b>08/04/95</b>	TIME <b>11:45</b>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	UNOCAL FACILITY <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	NAME OF UNOCAL FACILITY <b>UNOCAL SS # 5325</b>
INCIDENT LOCATION (STREET, CITY, STATE, COUNTRY) <b>3220 Lakeshore Ave Oakland, CA 94610</b>				
UNOCAL DIVISION/SUBSIDIARY <b>76 Products Co</b>		UNOCAL DEPARTMENT <b>HES Compliance Operations</b>		
LOSS SEVERITY POTENTIAL (CHECK ONE BOX ONLY) <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR		PROBABILITY OF RECURRENCE (CHECK ONE BOX ONLY) <input type="checkbox"/> FREQUENT <input checked="" type="checkbox"/> OCCASIONAL <input type="checkbox"/> SELDOM		

## II. DESCRIPTION (DESCRIBE FULLY HOW THE INCIDENT HAPPENED. ATTACH ADDITIONAL PAGE OF NARRATIVE IF NECESSARY)

Per MARION Miller / EGS - Dispenser # 6 92 Gasoline Has Heavy leak - No Secondary Containment - Release is in soil and on Dispenser Island. possible "Drive-off" The case has been referred to CERT/RON BOCK For further Action

WITNESS NAME <b>MARION Miller / EGS</b>	HOME PHONE ( )	BUSINESS PHONE <b>510)332-5447</b>	DATE REPORTED <b>8/04/95</b>
ADDRESS	NAME OF LAW ENFORCEMENT OR REGULATORY AGENCY TO WHOM REPORTED <b>Alameda County / Kevin Tinsley OES # 009412</b>		
CITY, STATE, ZIP CODE, COUNTRY	CITATIONS ISSUED <input type="checkbox"/> NO <input type="checkbox"/> YES	TO WHOM	FOR WHAT
FOR VEHICLE ACCIDENTS, USE ONE OF THESE OUTLINES TO SKETCH THE SCENE OF YOUR ACCIDENT. WRITING IN STREET OR HIGHWAY NAMES OR NUMBERS. ATTACH POLICE REPORT IF AVAILABLE.	INDICATE NORTH BY ARROW		
1. NUMBER EACH VEHICLE. SHOW COMPANY VEHICLE AS NO. 1, OTHER VEHICLES AS 2, 3, ETC.	2. SHOW DIRECTION OF TRAVEL BY ARROW. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT AND DOTTED LINE AFTER ACCIDENT.		
3. SHOW PEDESTRIAN BY	4. SHOW RAILROAD BY		
5. SHOW DISTANCE AND DIRECTION TO LANDMARK. IDENTIFY LANDMARKS BY NAME OR NUMBER.	STREET OR HIGHWAY		

## III. CAUSE ANALYSIS (ATTACH ADDITIONAL PAGE OF NARRATIVE IF NECESSARY)

DESCRIPTION OF IMMEDIATE CAUSE(S): <b>UNKNOWN</b>	1ST IMMEDIATE CAUSE CODE <b>A00</b>	2ND IMMEDIATE CAUSE CODE <b>B00</b>
DESCRIPTION OF BASIC CAUSE(S): <b>UNKNOWN</b>	1ST BASIC CAUSE CODE <b>C00</b>	2ND BASIC CAUSE CODE <b>D00</b>

## IV. INJURIES/ILLNESSES (COMPLETE THIS SECTION IF ANY INJURY/ILLNESS OCCURRED. FOR WORKERS' COMPENSATION CLAIMS, FORWARD ORIGINAL OF THIS FORM TO RISK & INSURANCE DEPT., LOS ANGELES, AND SEND A COPY TO WORKERS' COMPENSATION DEPT., LOS ANGELES.)

(CHECK ONE BOX ONLY) <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> FATALITY	(CHECK ONE BOX ONLY) INJURED/ILL STATUS: <input type="checkbox"/> UNOCAL EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER			
NAME OF INJURED <b>NA</b>	SOCIAL SECURITY NO.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	OCCUPATION/RATING <b>NA</b>
HOME ADDRESS <b>NA</b>	HOME PHONE ( )	BUSINESS PHONE ( )	TIME SHIFT STARTED <b>NA</b> AM PM	
CITY, STATE, ZIP CODE, COUNTRY	EMPLOYER	TIME IN CURRENT POSITION	LENGTH OF SERVICE	

DESCRIPTION OF INJURY/ILLNESS INCLUDING BODY PARTS <i>N/A</i>			TYPE OF INJURY/ILLNESS CODE <b>E 00</b>	
IF HOSPITALIZED, HOSPITAL NAME			PRIMARY BODY PART CODE <b>F 00</b>	
PHYSICIAN'S NAME <i>N/A</i>			SECONDARY BODY PART CODE <b>F 00</b>	
CITY, STATE, COUNTRY			MEMBER AFFECTED CODE <b>G 00</b>	
STREET ADDRESS <i>A</i>			TYPE OF CONTACT CODE <b>H 00</b>	
WHEN ADMITTED			CONTACT WITH CODE <b>J 00</b>	
AT WHOSE REQUEST			TYPE OF CLAIMANT CODE <b>X 00</b>	
CITY, STATE, ZIP CODE, COUNTRY			TYPE OF ACCIDENT/INCIDENT CODE <b>L 00</b>	
(CHECK ONE BOX ONLY) <input type="checkbox"/> FIRST AID CASE <input type="checkbox"/> RESTRICTED WORKDAY CASE <input type="checkbox"/> MEDICAL TREATMENT CASE <input type="checkbox"/> LOST WORKDAY CASE			COMPONENT INVOLVED CODE <b>M 00</b>	
EST. LOST WORKDAYS			PHASE OF OPERATION CODE <b>N 00</b>	
EST. RESTRICTED WORKDAYS			SHIP LOCATION CODE <b>P 00</b>	
DATE SIGNED ON SHIP			COMMODITY INVOLVED CODE <b>Q 00</b>	
DATE SIGNED OFF SHIP			COMPLETE IF INJURED IS NOT A UNOCAL EMPLOYEE	
PRIOR INJURY DESCRIPTION			INJ/ILL CATEGORY CODE <b>K 00</b>	

V. PHYSICAL DAMAGE TO PROPERTY OR ENVIRONMENT (COMPLETE THIS SECTION FOR ANY DAMAGE TO PROPERTY) (ONE CODE PER BOX)

TYPE OF PROPERTY (CHECK ONE BOX ONLY) <input type="checkbox"/> BLDG./EQUIP. <input type="checkbox"/> VEHICLE <input type="checkbox"/> VESSEL		IF SPILL, QUANTITY <i>UNKNOWN</i>	BBLs. <i>0</i>	PROPERTY OWNER <input type="checkbox"/> UNOCAL <input type="checkbox"/> OTHER	CLAIM CATEGORY CODE <b>R 06</b>
DESCRIPTION OF PROPERTY INVOLVED (BLDG., LOCATION, VEHICLE, VEHICLE MAKE, MODEL, SER. NO., TYPE OF EQUIP.) <i>Dispenser Pump # 6 - 92 Gasoline</i>					TYPE OF PROPERTY CODE <b>T 08</b>
DESCRIPTION OF DAMAGE <i>Soil Contamination</i>					TYPE OF ACCIDENT/INCIDENT CODE <b>L 29</b>
IF UNOCAL VEHICLE INVOLVED, PREVENTABILITY OF ACCIDENT <input type="checkbox"/> PREVENTABLE <input type="checkbox"/> NON-PREVENTABLE <input type="checkbox"/> NON-INCLUDABLE					FACILITY/COMPONENT CODE <b>M 35</b>
DRIVER/OPERATOR STATUS <input type="checkbox"/> UNOCAL EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER					PHASE OF OPERATIONS CODE <b>N 02</b>
NAME OF DRIVER/OPERATOR (IF APPLICABLE)			SOCIAL SECURITY NO.	AGE	COMMODITY INVOLVED CODE <b>Q 03</b>
ADDRESS			DRIVER'S LICENSE NO., STATE, COUNTRY		TRAFFIC CONTROL CODE <b>U 00</b>
CITY, STATE, ZIP CODE, COUNTRY			NAME OF VESSEL (IF APPLICABLE)		ROAD CONDITIONS CODE <b>V 00</b>
NAME OF OWNER OF DAMAGED PROPERTY (NOT UNOCAL)			1. REPLACEMENT/REPAIR COSTS OF DAMAGE TO COMPANY PROPERTY / EQUIPMENT / VEHICLE / VESSEL		WEATHER CONDITIONS CODE <b>W 00</b>
STREET ADDRESS			2. LOSS/CONTAMINATION OF CARGO / PRODUCT / BUNKERS		SHIP LOCATION CODE <b>P 00</b>
CITY, STATE, ZIP CODE, COUNTRY			3. ENVIRONMENTAL LOSS: CLEANUP AND / OR FINES		COMPLETE IF CLAIMANT IS NOT A UNOCAL EMPLOYEE
HOME PHONE ( ) ( )			4. BUSINESS INTERRUPTION / PRODUCTION LOSS COST		TYPE OF PROPERTY CLAIMANT CODE <b>X 06</b>
BUSINESS PHONE ( ) ( )			5. OTHER COSTS		
			6. CHARTERER'S LIABILITY COSTS (MARINE ONLY)		
			TOTAL COSTS <input type="checkbox"/> ESTIMATED <input type="checkbox"/> FINAL		

VI. THIRD PARTY (NOT UNOCAL) RESPONSIBLE FOR INJURIES OR DAMAGE DESCRIBED IN SECTIONS IV AND V ABOVE.

INDIVIDUAL'S NAME		EMPLOYER'S NAME		VEHICLE DESCRIPTION	
ADDRESS		REGISTERED OWNER		INSURANCE CO. OR AGENT NAME	
CITY, STATE, ZIP CODE, COUNTRY		ADDRESS		ADDRESS	
HOME PHONE ( ) ( )	BUSINESS PHONE ( ) ( )	CITY, STATE, ZIP CODE, COUNTRY		CITY, STATE, ZIP CODE, COUNTRY	
DRIVER'S LIC #, STATE, COUNTRY	VEHICLE LICENSE NO.	HOME PHONE ( ) ( )	BUSINESS PHONE ( ) ( )	PHONE ( ) ( )	POLICY NO.

VII. ACTION PLAN TO PREVENT RECURRENCE (IF CHANGES IN POLICY, PROCEDURE, EQUIPMENT ARE RECOMMENDED, PROVIDE A COMPLETION DATE, WHO WILL INITIATE, IMPLEMENT, HOW AND WHEN)

*Will be based on Investigation Findings*

INDIVIDUAL SUPERVISOR'S SIGNATURE <i>Lynda S. Chabon</i>		DATE <i>8/04/95</i>	SUPT'S. OR MGR'S. SIGNATURE		DATE
PRINT INDIVIDUAL SUPERVISOR'S NAME <i>Lynda S. Chabon</i>		BUSINESS PHONE <i>714 572-7589</i>	PRINT SUPT'S. OR MGR'S. NAME		BUSINESS PHONE ( ) ( )
TITLE <i>Release Kept of Coordinator</i>			TITLE		