

QUARTERLY SUMMARY REPORT

3rd QTR - 1995  
(Jul. - Sep.)

UNOCAL SERVICE STATION #5325  
3220 Lakeshore Ave.  
Oakland, CA

CITY/COUNTY ID #: Oakland

COUNTY: Alameda

**BACKGROUND:** The underground storage tanks were replaced in June 1990. Three groundwater monitoring wells were installed on site September 1990. Two additional on site monitoring wells and one off site monitoring well were installed in June 1994. Quarterly sampling of wells began in October 1990.

**RECENT QUARTER ACTIVITIES:** Monitored and sampled groundwater monitoring wells.

**NEXT QUARTER ACTIVITIES:** Monitor and sample groundwater monitoring wells. Conduct groundwater fluctuation and flow direction study.

**CHARACTERIZATION/REMEDIAL STATUS:**

|  |                  |
|--|------------------|
| Soil contamination delineated?                   | <u>no</u>        |
| Dissolved ground water delineated?               | <u>no</u>        |
| Free product delineated?                         | <u>none</u>      |
| Amount of gw contaminant recovered this quarter? | <u>n/a</u> (gal) |
| Historically                                     | <u>n/a</u> (gal) |

|                               |                            |
|-------------------------------|----------------------------|
| Soil remediation in progress? | <u>no - tanks replaced</u> |
|                               | <u>June 1990</u>           |
| - anticipated start?          | _____                      |
| - anticipated completion?     | _____                      |

|   |           |
|---|-----------|
| Dissolved/free product remediation in progress? | <u>no</u> |
| - anticipated start?                            | _____     |
| - anticipated completion?                       | _____     |

CONSULTANT/CONTRACTOR: GeoStrategies

|        |             |                                     |                                     |       |       |
|--------|-------------|-------------------------------------|-------------------------------------|-------|-------|
| FILE # | <u>5325</u> | SS                                  | <input checked="" type="checkbox"/> | BP    | _____ |
| RPT    | <u>QM</u>   | <input checked="" type="checkbox"/> | TRANSMITTAL                         | _____ | _____ |
| 1      | 2           | 3                                   | 4                                   | 5     | 6     |