


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 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 05/08/09		CASE # _____		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT JOHN WERFAL		PHONE () _____		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 GETTLER-RYAN INC.			
	ADDRESS 2150 W. WINTON AVENUE HAYWARD CA 94545					
RESPONSIBLE PARTY	NAME UNOCAL CORPORATION <input type="checkbox"/> UNKNOWN		CONTACT PERSON RON BOCK		PHONE (415) 2772303	
	ADDRESS P. O. BOX 5155 SAN RAMON CA 94583					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) UNOCAL SERVICE STATION NO. 5215		OPERATOR JERRY PIZZAGONI		PHONE (415) 393-1675	
	ADDRESS 3220 LAKESHORE AVENUE OAKLAND ALAMEDA COUNTY 94610					
	CROSS STREET LAKE PARK		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 checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input type="checkbox"/> OTHER _____	
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY ENVIRONMENTAL HEALTH		CONTACT PERSON BARNEY CHAN		PHONE (415) 271-4320	
	REGIONAL BOARD SAN FRANCISCO BAY REGION		CONTACT PERSON TOM CALLAGHAN		PHONE (415) 464-1255	
SUBSTANCES INVOLVED	(1) NAME GASOLINE		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2) _____		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 06/04/09		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER SOIL BORINGS			
	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"/> GLOBE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER ALL TANKS & PIPING TO BE REPLACED			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____					
SOURCE/CAUSE	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 _____ GAL. AGE _____ YRS <input 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 _____					
CASE TYPE	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)					
	CURRENT STATUS CHECK ONE ONLY <input 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 checked="" 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 checked="" 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 type="checkbox"/> OTHER (OT) _____					
	COMMENTS ANALYSIS OF SOIL SAMPLES COLLECTED FROM BORINGS ADJACENT TO UGTS REVEALED 1700 - GASOLINE CONTAMINATION IN SOIL. SOIL INVESTIGATION WAS CONDUCTED TO ASSESS SUBSURFACE CONDITIONS PRIOR TO TANK REPLACEMENT.					