

# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

<b>EMERGENCY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>FOR LOCAL AGENCY USE ONLY</b> 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. SIGNED: <u>[Signature]</u> DATE: <u>12/14/98</u>
<b>REPORT DATE</b> 12/07/98		<b>CASE #</b> _____

<b>REPORTED BY</b>	<b>NAME OF INDIVIDUAL FILING REPORT</b> BRENT A. WHEELER	<b>PHONE</b> 659 264-1968	<b>SIGNATURE</b> <u>[Signature]</u>	
	<b>REPRESENTING</b> <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	<b>COMPANY OR AGENCY NAME</b> HKZ, INC. / SEMCO		
	<b>ADDRESS</b> 70 CHEMICAL WAY REDWOOD CITY CA 94063			

<b>RESPONSIBLE PARTY</b>	<b>NAME</b> GLENN + CARLYN McELHINNEY TRUST <input type="checkbox"/> UNKNOWN	<b>CONTACT PERSON</b> MIKE GELMORE	<b>PHONE</b> (510) 893-5501
	<b>ADDRESS</b> 123 SCENIC DRIVE ORINDA CA 94563		

<b>SITE LOCATION</b>	<b>FACILITY NAME (IF APPLICABLE)</b> C.A.R. SERVICE	<b>OPERATOR</b> MR. DOUGLAS CHENG	<b>PHONE</b> (510) 547-0170	
	<b>ADDRESS</b> 5265 BROADWAY TERRACE OAKLAND ALAMEDA 94618			
	<b>CROSS STREET</b> CLAREWOOD DRIVE			

<b>IMPLEMENTING AGENCIES</b>	<b>LOCAL AGENCY</b> ALAMEDA COUNTY ENVIRONMENTAL HEALTH	<b>AGENCY NAME</b>	<b>CONTACT PERSON</b> MS. EVA CHU	<b>PHONE</b> (510) 567-6702
	<b>REGIONAL BOARD</b> CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD S.F. BAY REGION		<b>CONTACT PERSON</b> MR. RANJOY LEE	

<b>SUBSTANCES INVOLVED</b>	<b>(1) NAME</b> GASOLINE	<b>QUANTITY LOST (GALLONS)</b> <input checked="" type="checkbox"/> UNKNOWN
	<b>(2)</b> _____	<input type="checkbox"/> UNKNOWN

<b>DISCOVERY/ABATEMENT</b>	<b>DATE DISCOVERED</b> 100798	<b>HOW DISCOVERED</b> <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
	<b>DATE DISCHARGE BEGAN</b> <input checked="" type="checkbox"/> UNKNOWN	<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" 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 type="checkbox"/> OTHER
	<b>HAS DISCHARGE BEEN STOPPED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 100798	

<b>SOURCE/ CAUSE</b>	<b>SOURCE OF DISCHARGE</b> <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	<b>CAUSE(S)</b> <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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<b>CASE TYPE</b>	<b>CHECK ONE ONLY</b> <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)
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<b>CURRENT STATUS</b>	<b>CHECK ONE ONLY</b> <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
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<b>REMEDIAL ACTION</b>	<b>CHECK APPROPRIATE ACTION(S)</b> (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"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)	<input checked="" type="checkbox"/> OTHER (OT) NO ACTION TAKEN AT THIS TIME
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<b>COMMENTS</b>	PSA required by ACDEH.
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