

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 25180.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE	CASE #	SIGNED _____ DATE _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>Cora Olson</i>	PHONE <i>(831) 426-5600</i>	SIGNATURE
	<input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <i>Trinity Source Group, Inc.</i>	
	ADDRESS <i>500 Chestnut St; Suite 225</i>		

RESPONSIBLE PARTY	NAME <i>Ted Walbey</i> <input type="checkbox"/> Unknown	CONTACT PERSON	PHONE <i>(805) 286-4303</i>
	ADDRESS <i>9890 Steel Head Road</i>		CITY <i>Paso Robles</i> STATE <i>CA</i> ZIP <i>93446</i>

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>Former Fiesta Beverages</i>	OPERATOR	PHONE ()
	ADDRESS <i>989 89th Avenue</i>		
	CROSS STREET		CITY <i>Oakland</i> COUNTY <i>Alameda</i> ZIP <i>94621</i>

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <i>Alameda County Environmental Health Services</i>	PHONE <i>(510) 567-6700</i>
	REGIONAL BOARD <i>San Francisco Bay Regional Quality Control Board</i>	PHONE <i>(510) 622-2369</i>

SUBSTANCES INVOLVED	(1) NAME <i>gasoline</i>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown
	(2)	<input type="checkbox"/> Unknown

DISCOVERY/ABATEMENT	DATE DISCOVERED <i>8/24/90</i>	HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Other
	DATE DISCHARGE BEGAN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Remove Contents <input type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other <input type="checkbox"/> Repair Piping
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <i>1/5/91</i>	<input checked="" type="checkbox"/> UNKNOWN

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input type="checkbox"/> Unknown <input type="checkbox"/> Other	CAUSE(S) <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> Undetermined <input type="checkbox"/> Soil Only <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Drinking Water - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input checked="" type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment At Hookup (HU) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input checked="" type="checkbox"/> Enhanced Bio Degradation (IT) <i>(Chemical Oxidation)</i> <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)
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COMMENTS	<div style="border: 2px solid green; padding: 10px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">9:39 am, Jun 22, 2011</p> <p style="margin: 0;">Alameda County Environmental Health</p> </div>
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