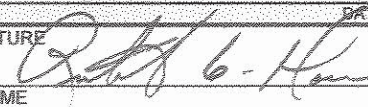


# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> Yes <input type="checkbox"/> No		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>FOR LOCAL AGENCY USE ONLY</b> 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 <b>Richard G. Horn</b>		PHONE <b>(805) 546-6930</b>		SIGNATURE 
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <b>Union Oil Company of California</b>		
	ADDRESS <b>4051 Broad Street, Suite 230</b> <span style="float: right;"><b>San Luis Obispo</b> <b>CA</b> <b>93401</b></span>				
RESPONSIBLE PARTY	NAME <b>ConocoPhillips</b>		CONTACT PERSON <b>Louis Mosconi</b>		PHONE <b>(714) 428-7621</b>
	ADDRESS <b>3611 S. Harbor Blvd., Suite 200</b>		CITY <b>Santa Ana</b>		STATE ZIP <b>CA 92704</b>
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>Unocal Station # 5760</b>		OPERATOR		PHONE <b>( )</b>
	ADDRESS <b>376 Lewelling Boulevard</b>		CITY <b>San Lorenzo</b>		STATE ZIP <b>Alameda 94580</b>
	CROSS STREET <b>Usher Street</b>				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <b>Alameda County Health Care Services Agency - Environmental Health Services</b>				PHONE <b>(510) 567-6700</b>
	REGIONAL BOARD <b>San Francisco Bay Region</b>				PHONE <b>(510) 622-2300</b>
SUBSTANCES INVOLVED	(1) NAME <b>Gasoline</b>		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown		
	(2)		<input type="checkbox"/> Unknown		
DISCOVERY/ABATEMENT	DATE DISCOVERED <b>11/19/1987</b>		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)		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <b>11/19/1987</b>		<input type="checkbox"/> Remove Contents <input type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input checked="" type="checkbox"/> Replace Tank <input type="checkbox"/> Other <input type="checkbox"/> Repair Piping		
SOURCE/ CAUSE	SOURCE OF DISCHARGE		CAUSE(S)		
	<input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other		<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		
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)				
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 checked="" type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input 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				
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 type="checkbox"/> Enhanced Bio Degradation (IT) <input checked="" 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 checked="" type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)				
COMMENTS	This form is being submitted to complete the records of the ACHCSA as directed in their letter dated March 27, 2009. An VE and GT system operated at the site from October 1995 to February 1997. Additional site assessment is currently being proposed, once completed, additional remedial feasibility testing may be performed at the site.				