

# 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 HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 05/02/00		CASE #		SIGNED: Robert Weston DATE: 5-3-2000	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT ROBERT WESTON		PHONE (510) 567-6781	SIGNATURE Robert Weston	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME COUNTY OF ALAMEDA		
	ADDRESS 1131 HARBOR BAY PARKWAY ALAMEDA CA 94502				
RESPONSIBLE PARTY	NAME AZIM SAKOORI		CONTACT PERSON AZIM SAKOORI	PHONE (510) 889-0579	
	ADDRESS 3519 CASTRO VALLEY BLVD CASTRO VALLEY CA 94546				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) CASTRO VALLEY CHEVRON		OPERATOR AZIM	PHONE (510) 889-0579	
	ADDRESS 3519 CASTRO VALLEY BLVD CASTRO VALLEY ALAMEDA CA 94546				
	CROSS STREET REDWOOD ROAD				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME COUNTY OF ALAMEDA		CONTACT PERSON TOM PEACOCK	PHONE (510) 567-6782	
	REGIONAL BOARD SFRWQCB		CONTACT PERSON CHUCK HEADLEY	PHONE (510) 622-2433	
SUBSTANCES INVOLVED	(1) NAME GASOLINE			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) NAME USED OIL			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 05/02/00		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER ANNUAL INSPECTION		
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input checked="" 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 checked="" type="checkbox"/> OTHER DISCONTINUE USE		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05/02/00				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CHECK ONE ONLY <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)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input checked="" type="checkbox"/> POLLUTION CHARACTERIZATION <input 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				
	CHECK APPROPRIATE ACTION(S) (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) TO BE DETERMINED				
COMMENTS	SHEAR VALVE ON DISPENSER #3 FOUND LEAKING DURING PIPING TEST. SHEAR VALVE REPLACED.				
	USED OIL LEAKED FROM OVERSPILL CONTAINER INTO BACKFILL. USED OIL TANK DISCONTINUED ALL USE. UST TO BE REMOVED.				