

DATE:

TO : Local Oversight Program

FROM:

SUBJ: Transfer of Eligible Oversight Case

Site name: Unocal # 5484

Address: 18950 Lake Chabot Rd city C.V. zip 94546

Closure plan attached? Y N DepRef remaining \$ _____

DepRef Project # _____ STID #(if any) 1713

Number of tanks: 23 removed? Y N Date of removal June 16, 1989

Leak Report filed? Y N Date of Discovery _____

Samples received? Y N Contamination: soil, water

Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents

Monitoring wells on site Yes Monitoring schedule? Y N

LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:

Preliminary Assessment _____

Remedial Action _____

Post Remedial Action Monitoring _____

Enforcement Action _____

Soil sample up to 4,300ppm TPH-G