

3135

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / C

RECEIVED

9:13 am, May 14, 2009

Alameda County
Environmental Health

| | | | | | |
|---|--|---|--|---|---|
| EMERGENCY <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE REPORTED THIS INFORMATION TO THE HEALTH AND SAFETY CODE SIGNED _____ | |
| REPORT DATE 1_M 2_M 0_D 5_D 8_Y 9_Y | | CASE # | | | |
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT Christina Lecce | | PHONE (707) 746-6915 | SIGNATURE Christina Lecce | |
| | REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER | | COMPANY OR AGENCY NAME Kaprealian Engineering, Inc. | | |
| | ADDRESS 638 1/2 First Street Benicia CA 94510 | | | | |
| RESPONSIBLE PARTY | NAME Unocal Corporation <input type="checkbox"/> UNKNOWN | | CONTACT PERSON Tim Ross | PHONE (415) 945-7676 | |
| | ADDRESS 2175 N. California Blvd., #650 Walnut Creek CA 94596 | | | | |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) Unocal Service Station #3135 | | OPERATOR Johnson C.S. Chow & P. Chang | PHONE (415) 430-8999 | |
| | ADDRESS 845 66th Avenue Oakland Alameda 94621 | | | | |
| | CROSS STREET San Leandro | | TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER | TYPE OF BUSINESS <input checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input type="checkbox"/> OTHER | |
| IMPLEMENTING AGENCIES | LOCAL AGENCY Alameda County Health Agency | | CONTACT PERSON Ariu Levy | PHONE (415) 771-4320 | |
| | REGIONAL BOARD San Francisco Bay Region | | | PHONE (415) 464-1255 | |
| SUBSTANCES INVOLVED | (1) gasoline | | NAME QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN | | |
| | (2) waste oil | | <input checked="" type="checkbox"/> UNKNOWN | | |
| DISCOVERY/ABATEMENT | DATE DISCOVERED 1_M 1_M 2_D 9_D 8_Y 9_Y | | HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER | | |
| | DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN | | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER | | |
| | HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1_M 1_M 2_D 9_D 8_Y 9_Y | | | | |
| SOURCE/CAUSE | SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER | | TANKS ONLY/CAPACITY 2@10K & 1-380 GAL AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN | MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER | CAUSE <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <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 checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> MONITORING OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES | | | | |
| | CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" 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 checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT) | | | | |
| COMMENTS | FILE # 3135 SS 8 BP RPT QM TRANSMITTAL 5 6 | | | | |