

UGI
FIVE 4/17/88

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. SIGNED: <u>Walter J. Bishop</u> DATE: <u>5/21/88</u>
REPORT DATE M M D D Y Y	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Walter J. Bishop	PHONE (415) 465-3700	SIGNATURE <i>Walter J. Bishop /bmj</i>	
	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 East Bay Municipal Utility District		
	ADDRESS 2130 Adeline Street Oakland CA 94607			

RESPONSIBLE PARTY	NAME East Bay Muni. Utility District <input type="checkbox"/> UNKNOWN	CONTACT PERSON Kurt G. Ladensack	PHONE (415) 465-3700
	ADDRESS 2130 Adeline Street Oakland CA 94607		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Mailroom Payment Ctr/West Grand	OPERATOR East Bay Muni. Util. District	PHONE (415) 465-4700	
	ADDRESS 2139 Linden St/ 2127 Adeline St. Oakland Alameda 94607			
	CROSS STREET West Grand/21st Street	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER Municipal Ut.	

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County-Hazardous Materials Div.	CONTACT PERSON Storm Goranson	PHONE (415) 874-7237
	REGIONAL BOARD Region 2 San Francisco Bay RWQCB		PHONE (415) 464-1255

SUBSTANCES INVOLVED	(1) NAME Soil samples with kg, kg and 140 mg/kg Total	QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
	(2) Volatile Hydrocarbons	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 0 M 6 M 1 D 1 D 8 Y 7 Y	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <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 checked="" type="checkbox"/> OTHER tank removal		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 M 6 M 1 D 5 D 8 Y 7 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 500/20 GAL AGE unk/19 YRS <input type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <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 checked="" type="checkbox"/> SOIL ONLY <input 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 checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED 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
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)			
	<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> TREATMENT AT HOOKUP (HU)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input checked="" type="checkbox"/> OTHER (OT) soil borings	<input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS)

COMMENTS	(Empty space for comments)
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