

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 0 <u>7</u> <u>1</u> <u>6</u> <u>9</u> <u>2</u>		CASE # _____		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Paul Supple		PHONE (510) 602-2333		SIGNATURE 	
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <u>Consultant</u>		COMPANY OR AGENCY NAME <u>Ray Associates</u>			
	ADDRESS <u>1855 Gateway Blvd. Suite 770</u> <u>Concord</u> <u>CA</u> <u>94520</u>					
RESPONSIBLE PARTY	NAME UNOCAL <input type="checkbox"/> UNKNOWN		CONTACT PERSON <u>Robert Boust</u>		PHONE (510) 277-2300	
	ADDRESS <u>2000 Crow Canyon Place, Suite 400</u> <u>San Ramon</u> <u>CA</u> <u>94583</u>					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>UNOCAL Service Station No. 1871</u>		OPERATOR _____		PHONE <u>(510) 655-3670</u>	
	ADDRESS <u>96 MacArthur Blvd</u> <u>Oakland</u> <u>Alameda</u> <u>94611</u>		CROSS STREET <u>Harrison Street</u>			
	LOCAL AGENCY <u>Alameda Co, Dept. of Env. Health</u> AGENCY NAME REGIONAL BOARD <u>San Francisco Bay Region</u>					
IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda Co, Dept. of Env. Health</u>		CONTACT PERSON <u>Jennifer Eberle</u>		PHONE <u>(510) 271-4530</u>	
	REGIONAL BOARD <u>San Francisco Bay Region</u>		CONTACT PERSON _____		PHONE <u>(510) 464-1255</u>	
SUBSTANCES INVOLVED	(1) NAME <u>Low/medium Boiling Point Hydrocarbons (gasoline)</u>				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) _____				<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>5</u> <u>1</u> <u>4</u> <u>9</u> <u>2</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <u>Soil Sample</u>			
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input 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 <u>Replace line & dispenser</u>			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>0</u> <u>5</u> <u>1</u> <u>3</u> <u>9</u> <u>2</u>		<input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER <u>Replace line & dispenser</u>			
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input 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 checked="" 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 checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input 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 type="checkbox"/> OTHER (OT) _____					
COMMENTS	_____					

RECEIVED

1:17 pm, Apr 13, 2009

Alameda County
Environmental Health