

# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input 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 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>Paul M. Smith</u> DATE: <u>12/5/90</u>
REPORT DATE M / M / D / D / Y / Y	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>James F. Frumm</b>	PHONE <b>(916) 364-8872</b>	SIGNATURE <i>James F. Frumm</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> OTHER <u>Environmental Consultant</u>	COMPANY OR AGENCY NAME <b>American Environmental Management Corp.</b>		
	ADDRESS <b>9719 Lincoln Village Dr., Suite 501 Sacramento California 95827</b>			

RESPONSIBLE PARTY	NAME <b>Sears, Roebuck &amp; Co.</b> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <b>Bernadine Palka</b>	PHONE <b>(312) 875-8864</b>
	ADDRESS <b>Sears Tower, Dept. 731, BSC 39-34 Chicago Illinois 60684</b>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>Sears, Roebuck &amp; Co.</b>	OPERATOR	PHONE <b>(415) 444-4500</b>	
	ADDRESS <b>2633 Telegraph Ave. Oakland Alameda 94612</b>			
	CROSS STREET <b>26th and 27th Streets</b>			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <b>Alameda County Health Department</b>	CONTACT PERSON <b>Paul Smith</b>	PHONE <b>(415) 271-4320</b>
	REGIONAL BOARD		PHONE ( )

SUBSTANCES INVOLVED	(1) NAME <b>Motor Oil</b>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) NAME <b>Waste Oil</b>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <b>0 / 9 / 1 / 9 / 9 / 0</b>	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER	
	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"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <b>0 / 9 / 2 / 0 / 9 / 0</b>	<input checked="" type="checkbox"/> OTHER <u>Removal of Tank &amp; Contaminated Soil</u>	

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOW <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 checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	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)
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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
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)	
	<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)	<input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (H-U) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)

COMMENTS	
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