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9:14 am, May 18, 2009

Alameda County
Environmental Health

UNOCAL 56

November 16, 1994

Ms. Eva Chu
Alameda County Environmental Health
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502

RE: UNOCAL SERVICE STATION # 7176
7850 AMADOR VALLEY BLVD @ REGION
DUBLIN, CALIFORNIA 94568

Dear Eva:

Enclosed, please find a completed Underground Storage Tank Unauthorized Release Report for the above referenced Unocal service station.


Petroleum hydrocarbon contamination was detected at this facility during a waste-oil tank removal project today.

Unocal CERT Engineer, Mr. Edward Ralston has been assigned to further investigate this case. Ed can be reached as follows:

Mr. Edward Ralston
Unocal CERT Department
2000 Crow Canyon Place, Suite 400
San Ramon, California 94583
(510) 277-2311

Your cooperation and assistance regarding this matter is greatly appreciated. Should you have any questions, please call me at (714) 572-7653.

Sincerely,


Lynda S. Chalom
Leak Reporting Coordinator

LSC/lc

Enclosure

cc: G. Abramo - T.M.
S. Mui - Dealer
E. Ralston
J.M. Tyson
Leak Reporting File

FILE #	7176	SS	<input checked="" type="checkbox"/>	BP	<input type="checkbox"/>
RPT	<input type="checkbox"/>	QM	<input type="checkbox"/>	TRANSMITTAL	<input type="checkbox"/>
1	2	3	4	5	6 <input checked="" type="checkbox"/>

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 checked="" type="checkbox"/> YES <input 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 1 1 1 6 9 4		CASE # 005236		SIGNED: _____ DATE: _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Lynda S. Chalom		PHONE (714) 572-7653		SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Unocal Corporation			
	ADDRESS 2929 Imperial Hwy, Room 2134 Brea, California 92621					
RESPONSIBLE PARTY	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN		CONTACT PERSON Ed Ralston, CERT Engineer		PHONE (510) 277-2311	
	ADDRESS 2000 Crow Canyon Place, Suite 400 San Ramon, California 94583					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal Service Station # 7176		OPERATOR Simon Mui		PHONE (510) 828-8352	
	ADDRESS 7850 Amador Valley Blvd, Dublin Alameda County, CA 94568					
	CROSS STREET Region					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health		CONTACT PERSON Eva Chu		PHONE (510) 567-6700	
	REGIONAL BOARD		PHONE ()			
SUBSTANCES INVOLVED	(1) NAME Gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2) NAME Diesel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
DISCOVERY/BATEMENT	DATE DISCOVERED 1 1 1 6 9 4		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 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 checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 1 1 6 9 4		SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <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 type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" 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 type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" 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) <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 checked="" type="checkbox"/> OTHER (OT) Will be based on investigation findings.					
COMMENTS	COMMENTS					
	COMMENTS					