

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 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 04/21/94		CASE #		SIGNED: <i>[Signature]</i> 4/20/94 DATE		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT BRUCE HAGEMAN		PHONE (510) 284-1661		SIGNATURE <i>[Signature]</i>	
	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 HAGEMAN-AGUIAR, INC			
	ADDRESS 3732 STREET MT. DIABLO BLVD CITY LAFAYETTE STATE CA ZIP 94549					
RESPONSIBLE PARTY	NAME R.E. & JANILE WITH <input type="checkbox"/> UNKNOWN		CONTACT PERSON JANILE WITH		PHONE (510) 254-7011	
	ADDRESS 228 STREET THE KNOLL CITY DRINDA STATE CA ZIP 94563					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) C & L TRUCKING CO.		OPERATOR R.E. & JANILE WITH		PHONE (510) 254-7011	
	ADDRESS 2460 STREET WOOD STREET CITY OAKLAND COUNTY ALAMEDA ZIP 94607					
	CROSS STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY ENVIRONMENTAL		AGENCY NAME HEALTH		CONTACT PERSON DALE KLETKE	
	REGIONAL BOARD SAN FRANCISCO BAY REGION		CONTACT PERSON KEVIN GRAVES		PHONE (510) 286-1255	
SUBSTANCES INVOLVED	(1) NAME DIESEL FUEL				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN	
	(2)					
DISCOVERY/ABATEMENT	DATE DISCOVERED 04/14/94		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" 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 type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 04/14/94					
	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					
CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input 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 checked="" 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					
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" 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 MONITORING WELL INSTALLED WILL BE SAMPLED, LAB RESULTS WILL BE SUBMITTED TO ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT FOR REVIEW					