

Unocal Corporation
2000 Crow Canyon Place, Suite 400
San Ramon, California 94583
Telephone (510) 867-0706
Facsimile (510) 277-2309

R0759
CL

SHAHID

94 JUL -6 PM 1:24



Northern Region
Corporate Environmental
Remediation & Technology

June 29, 1994

Mr. Rafat Shahid
Alameda County Department
of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621

Unocal Service Station #2656
4251 East 14th Street
Oakland, CA

Dear Mr. Shahid:

On behalf of Unocal, I would like to thank you for the prompt attention your office was able to provide regarding closure of this case. Specifically, Barney Chan has been most helpful in providing oversight. Unocal acknowledges your department's very busy schedule and we appreciate your assistance in expediting closure of the site.

Kaprealian Engineering, Incorporated, Unocal's consultant, is in the process of preparing a work plan to abandon the site's ground water monitoring wells. A copy of the work plan will be forwarded to your office for approval in the near future.

Again, thank you and if you have any questions, please call me at (510) 277-2335.

Sincerely,

David J. Camille
Environmental Engineer

cc : Rick Sisk
Tim Ross : KEI
Barney Chan : Alameda County Environmental Health Department
File SS#2656:3

R0759 CL

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.		
REPORT DATE 0 <u>1</u> M 0 <u>9</u> D 9 <u>0</u> Y		CASE # _____		SIGNED: <i>Barney Chan</i> DATE: <u>7/21/92</u>		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Christina Lecce		PHONE (707) 7466915		SIGNATURE <i>Christina Lecce</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 Kaprelian Engineering, Inc.			
	ADDRESS 638 1/2 First Street Benicia CA 94510					
RESPONSIBLE PARTY	NAME Unocal Corp. <input type="checkbox"/> UNKNOWN		CONTACT PERSON Tim Ross		PHONE (415) 945-7676	
	ADDRESS 2175 N. California Blvd. #650 Walnut Creek CA 94596					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal Service Station # 2656		OPERATOR Johnson C. S. Chow		PHONE (415) 534-7676	
	ADDRESS 4251 E. 14th Street Oakland Alameda 94601					
	CROSS STREET High Street					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health		CONTACT PERSON Barney Chan		PHONE (415) 271-4320	
	REGIONAL BOARD San Francisco Bay Region		CONTACT PERSON <i>Rich Hrett</i>		PHONE (415) 464-1255	
SUBSTANCES INVOLVED	(1) NAME Waste Oil		QUANTITY LOST (GALLONS) _____ <input checked="" type="checkbox"/> UNKNOWN			
	(2) _____		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>1</u> M 0 <u>5</u> D 9 <u>0</u> Y		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			
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" 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 0 <u>1</u> M 0 <u>5</u> D 9 <u>0</u> Y		<input type="checkbox"/> OTHER _____			
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input checked="" 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 _____			
	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)					
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 type="checkbox"/> LEAK BEING CONFIRMED <input checked="" 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					
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <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) <u>Install Monitoring Wells.</u>					
COMMENTS	_____					