

01-0886 1, ST: D 3767

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. <i>Matthew Birkhead</i> 9-13-99 SIGNED _____ DATE _____ | |
| REPORT DATE 04 17 99 | | CASE # _____ | | | |
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT MATTHEW BIRKHEAD-AGUI | | PHONE (510) 234-2725 | | SIGNATURE <i>Matthew Birkhead</i> |
| | REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <u>OWNER'S SON</u> | | COMPANY OR AGENCY NAME B+L ASSOCIATES | | |
| | ADDRESS 10 EL PATTO DR UNIT 4 CA 94563 | | | | |
| RESPONSIBLE PARTY | NAME B+L ASSOC. <input type="checkbox"/> UNKNOWN | | CONTACT PERSON MATT BIRKHEAD | | PHONE (510) 234-2725 |
| | ADDRESS 3045 TELEGRAPH OAKLAND CA | | | | |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) _____ | | OPERATOR _____ | | PHONE () |
| | ADDRESS 3045 TELEGRAPH OAKLAND ALameda CA | | | | |
| | CROSS STREET 31st ST | | | | |
| IMPLEMENTING AGENCIES | LOCAL AGENCY ALAMEDA COUNTY | | AGENCY NAME HAZARDOUS MATERIALS | | CONTACT PERSON TOM BEACOCK |
| | REGIONAL BOARD _____ | | PHONE (510) 271-4320 | | 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/ABATEMENT | DATE DISCOVERED M M D D Y Y | | 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 type="checkbox"/> OTHER _____ | | |
| | DATE DISCHARGE BEGAN M M D D Y Y <input type="checkbox"/> UNKNOWN | | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input 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 M M D D Y Y | | | | |
| SOURCE/ CAUSE | SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____ | | CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____ | | |
| | CASE TYPE <input 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 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 | | | | |
| | 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 | _____ | | | | |

FUEL LEAK CASE FORM

ENTERDATE 02 / 04 / 92
 REVIEWDATE 02 / 04 / 92
 CORRESDATE 02 / 04 / 92
 REPORTDATE 11 / 01 / 91
 UPDATE STATUS N
 REVIEW STATUS L
 EVALUATOR ES

SITENAME LAURENCE ORTHOPEDIC PTY
 STREETNO 3045
 STREET TELEGRAPH AVE
 CITY OAKLAND
 ZIP _____
 COUNTY 01
 LOCLAGENCY 0109A
 MOPNO _____

PRIMARY SUBSTANCE _____
 SECONDARY SUBSTANCE _____
 MAXSOIL CONC. (ppm) 210
 MAXGW IMPACT (ppb) _____
 MAXBENZENE CONC. (ppb) _____
 CASETYPE S G D U

GROUNDWATER DEPTH _____
 STATUS 3A

DATE3A 01 / 31 / 92
 DATE3B _____
 DATE5C _____
 DATE5R _____
 DATE7 _____
 DATE8 _____
 DATE9 _____

INTERIM Y N
 INTERMDATE _____ / _____ / _____

ABATEMETHD _____
 LEADAGENCY L R LI RI
 DIVISION UST

ENFRCTYPE 0 1 2 3
 ENFRCDATE _____ / _____ / _____
 RPSEARCH S I R N

COMMENT (80 characters)

Aqua-Duct Plumbing Contractors

LIC. #261195

NICHOLAS STAMATAKIS

(415) 537-4044
P.O. Box 741
HAYWARD, CA 94541