



FILE

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	STATE TANK ID #
--	---	-----------------

REPORT DATE 0 M   1 M   0 D   28 D   87 Y	LOCAL CASE #	REGIONAL BOARD CASE #	US EPA ID # CA0009134433
--	--------------	-----------------------	-----------------------------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Deanne L. Fischer	PHONE (415) 652-2426	SIGNATURE Deanne Fischer
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME CHIM HILL	
	ADDRESS 1425 CHIM HILL AVE, SUITE 500 STREET		CITY EMERYVILLE

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
JAN 8 1988 682  
94603  
STATE CONTROL BOARD

RESPONSIBLE PARTY	NAME LONGVIEW FIRE CO	<input type="checkbox"/> UNKNOWN	CONTACT PERSON PAVE HENDENHALL	PHONE (206) 475-1550
	ADDRESS PO BOX 637 STREET		CITY LONGVIEW	STATE WA ZIP 98042

SITE LOCATION	FACILITY NAME (IF APPLICABLE)	OPERATOR WORTH CORNELIUS	PHONE (415) 567-2616
	ADDRESS 2511 PLAIN AVENUE STREET		CITY OAKLAND
	CROSS STREET FOLI AVE	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input checked="" type="checkbox"/> OTHER

IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY ENVIRONMENTAL HEALTH	AGENCY NAME	CONTACT PERSON ARILU LEVI	PHONE (415) 874-7237
	REGIONAL BOARD SAN FRANCISCO BAY AREA RWQCLB		GREG ZENTNER	(415) 444-0840
	TSCD			

SUBSTANCES INVOLVED	CAS # (ATTACH EXTRA SHEET IF NEEDED)	NAME DIESEL	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(1)		<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M   24 D   87 Y	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> ROUTINE MONITORING <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN M   M   D   D   Y   Y	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE   M   M   D   D   Y   Y	<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURES <input type="checkbox"/> OTHER

SOURCE/CAUSE	SOURCE(S) OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER (SPECIFY) OVERSPILL	TANKS ONLY/CAPACITY 10,000 GAL	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> CORROSION
		AGE 115 YRS. <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL
		MATERIAL <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER

RESOURCES AFFECTED/AT RISK	RESOURCES AFFECTED	YES	NO	THREATENED	UNKNOWN	WATER SUPPLIES AFFECTED	YES	NO	THREATENED	UN- KNOWN	# OF WELLS
	AIR (VAPOR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC DRINKING WATER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SOIL (VADOSE ZONE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRIVATE DRINKING WATER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS: B3 652 2/18/88	GROUNDWATER BASIN NAME <input checked="" type="checkbox"/> UNKNOWN
--------------------------------	---

R0887

B3 GSZ 6/22/87

# 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	STATE TANK ID # 1 9 4 1 7 9 3 9 9 4 7 3
--	--	--

REPORT DATE 06   11   19   87	LOCAL CASE #	REGIONAL BOARD CASE #	US EPA ID #
----------------------------------	--------------	-----------------------	-------------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT David S. Joubert, Sr.	PHONE (415) 450-9977	SIGNATURE <i>[Signature]</i>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD	COMPANY OR AGENCY NAME Cotton Insurance	
	ADDRESS P.O. Box 105 STREET CITY San Luis Obispo STATE CA ZIP 93401		

RESPONSIBLE PARTY	NAME Cotton Insurance Company <input type="checkbox"/> UNKNOWN	CONTACT PERSON Gary Jones	PHONE (415) 450-2616
	ADDRESS 2011 STREET Blaine Street CITY Ojai STATE CA ZIP 93427		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Same as above	OPERATOR	PHONE ( )
	ADDRESS STREET CITY COUNTY ZIP		
	CROSS STREET Unknown	TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <i>Gas Station</i>

IMPLEMENTING AGENCIES	LOCAL AGENCY San Luis Obispo County Health Services	AGENCY NAME	CONTACT PERSON Bob Garow	PHONE (805) 771-6400
	REGIONAL BOARD None			( )
	TSCD			( )

SUBSTANCES INVOLVED	CAS # (ATTACH EXTRA SHEET IF NEEDED)	NAME	QUANTITY LOST (GALLONS) _____ <input type="checkbox"/> UNKNOWN
	(1)		

DISCOVERY/ABATEMENT	DATE DISCOVERED M   06   D   11   Y   87	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> ROUTINE MONITORING <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN M   M   D   D   Y   Y _____ <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURES <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE Unknown   M   D   Y   Y	

SOURCE/CAUSE	SOURCE(S) OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER (SPECIFY)	TANKS ONLY/CAPACITY 7500 GAL AGE _____ YRS. <input checked="" type="checkbox"/> UNKNOWN MATERIAL <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
--------------	---	--	--

RESOURCES AFFECTED/AT RISK	RESOURCES AFFECTED	YES	NO	THREATENED	UNKNOWN	WATER SUPPLIES AFFECTED	YES	NO	THREATENED	UN- KNOWN	# OF WELLS
	AIR (VAPOR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC DRINKING WATER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	SOIL (VADOSE ZONE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRIVATE DRINKING WATER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMMENTS:  
Depth to water table approx. 20'.  
Soil was found to be approx. 2' thick and contained to holes for  
base of tank.

COMPLETE AND ATTACH A CLEANUP TRACKING REPORT IF ANY CLEANUP WORK OR PLANNING HAS STARTED

HSC 05 (10/85)