

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.
REPORT DATE 01/19/98	CASE # 1118	SIGNED Alex Gulyas

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Alex Gulyas	PHONE (510) 745-3473	SIGNATURE Alex Gulyas	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER <u>FAA</u>	COMPANY OR AGENCY NAME Federal Aviation Administration		
	ADDRESS 5125 <u>Central Ave</u> <u>Fremont</u> <u>Ca</u> <u>94536</u>			

RESPONSIBLE PARTY	NAME <input checked="" type="checkbox"/> UNKNOWN <u>Alex Gulyas</u>	CONTACT PERSON <u>Alex Gulyas</u>	PHONE (510) 745-3473	
	ADDRESS STREET CITY STATE ZIP			

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>FAA Building 21104</u>	OPERATOR ()	PHONE ()		
	ADDRESS <u>51 John Glenn Dr</u> <u>Oakland</u> <u>Alameda</u> <u>94614</u>				
	CROSS STREET				

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda County Environmental Health</u>	AGENCY NAME <u>Alameda County Environmental Health</u>	CONTACT PERSON <u>Barney Chan</u>	PHONE (510) 567-6765
	REGIONAL BOARD <u>SFRWQCB</u>	CONTACT PERSON <u>Chuck Henkle</u>		

SUBSTANCES INVOLVED	(1) <u>1) Diesel fuel.</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 01/06/98	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 <input type="checkbox"/> OTHER			
	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"/> 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 <u>01/06/98</u>				

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <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
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CASE TYPE	CHECK ONE ONLY <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)			
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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 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			
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REMEDIAL ACTION	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)

COMMENTS	<u>rec'd 4/1/98</u>
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