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CAMBRIA

**FXED**  
8-23-04  
6:33 #520



**To:** Rob Weston

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**Company:** Alameda County Health Care Services Agency - Environmental Health

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**Address:** 1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

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**Phone:** 510.567.6781

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**Fax:** 510.337.9335

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**From:** Matt Derby

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**Phone:** 510.420.3332

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**Date:** August 23, 2004

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**Re:** Unauthorized Release Report  
Shell Service Station 1601 Webster St  
Alameda, CA

# Transmittal

Dear Mr. Weston:

On behalf of Shell Oil Products US, I am forwarding the attached unauthorized release form for the subject site, which reports the product loss discovered on Thursday August 19, 2004. We are sending this to you since Scott Seery of your office has indicated that you are responsible for this site, and he had been covering this site for you in your absence.

Please contact me, or Tim Woodson of Shell, if you have any questions or need additional information.

Sincerely,

*Matthew W. Derby*

Matthew W. Derby, P.E.  
Senior Project Engineer

cc: Karen Petryna, Shell Oil Products US, 20945 S. Wilmington Ave, Carson, CA 90810  
Tim Woodson, Shell Oil Products US, 2401-A Waterman Blvd, Ste 4-257, Fairfield, CA 94534

# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input checked="" 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 08/19/04		CASE # OES-04-4306		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Tim Woodson		PHONE (925) 766-3494	SIGNATURE Tim Woodson	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Shell Oil Products US		
	ADDRESS 2401 A. Waterman Blvd, Ste 4-257 FAIRFIELD CA 94534				
RESPONSIBLE PARTY	NAME EQUILON ENTERPRISES dba Shell Oil products US <input type="checkbox"/> UNKNOWN		CONTACT PERSON KAREN PETRYNA	PHONE (559) 645-9306	
	ADDRESS 20945 S. Wilmington Ave CARSON CA 90810				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Shell-branded Service Station		OPERATOR	PHONE ( )	
	ADDRESS 1601 Webster St. Alameda Alameda 94501				
	CROSS STREET LINCOLN AVE				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY HEALTH AGENCY		CONTACT PERSON Rob Weston	PHONE 510-567-6781	
	REGIONAL BOARD SF Bay Regional Water Quality Control Board		SCOTT SEERY	510-622-2358	
SUBSTANCES INVOLVED	(1) NAME Gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/19/04		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 checked="" type="checkbox"/> OTHER OBSERVED FUEL IN PIT		
	DATE DISCHARGE BEGAN _____		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input 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 08/19/04				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FIPING 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 _____		
	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 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 checked="" 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 checked="" 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 checked="" 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					

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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Tim Woodson		PHONE (925) 766-3494	SIGNATURE <i>Tim Woodson</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		COMPANY OR AGENCY NAME Shell Oil Products US		
RESPONSIBLE PARTY	ADDRESS 2401 A. Waterman Blvd, Ste 4-257 FAIRFIELD CA 94534		NAME EQUILON ENTERPRISES dba Shell Oil products US <input type="checkbox"/> UNKNOWN		
	CONTACT PERSON KAREN PETRYNA		PHONE (559) 645-9306		
SITE LOCATION	ADDRESS 20945 S. Wilmington Ave. CARSON CA 90810		FACILITY NAME (IF APPLICABLE) Shell-branded Service Station		OPERATOR ( )
	ADDRESS 1601 Webster St. Alameda Alameda 94501		CROSS STREET LINCOLN AVE		
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH AGENCY		CONTACT PERSON SCOTT SEERY		PHONE 510 ( ) 1567-6283
	REGIONAL BOARD SF Bay Regional Water Quality Control Board		CONTACT PERSON Betty Graham		PHONE (510) 622-2358
SUBSTANCES INVOLVED	(1) NAME Gasoline				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____				<input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/19/04		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 checked="" type="checkbox"/> OTHER OBSERVED FUEL IN PIT		
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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		
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COMMENTS					



# GOVERNOR'S OFFICE OF EMERGENCY SERVICES Hazardous Materials Spill Report

DATE: 08/19/2004  
TIME: 1308

RECEIVED BY:

CONTROL#:  
OES - 04-4306  
NRC - 732402

**.a. PERSON NOTIFYING GOVERNOR'S OES:**

. NAME:                    2. AGENCY:                    3. PHONE#:                    4. Ext:                    5. PAG/CELL:  
                                 Alameda Fire Dept

**.b. PERSON REPORTING SPILL (If different from above):**

. NAME:                    2. AGENCY:                    3. PHONE#:                    4. Ext:                    5. PAG/CELL:

**. SUBSTANCE TYPE:**

a. SUBSTANCE:	b.QTY:>=<	Amount	Measure	c. TYPE:	d. OTHER:
. Gasoline	=	1,000	Gal(s)	PETROLEUM	
.	=				
.	=				

**. DESCRIPTION:** Substance was released from a underground storage tank that was being off loaded during excavation. Substance released to the ground. Tank Held 9000 gallons . 8,000 gallons was recovered. Site has 1000 ft Evacuation Zone. 80-100 People evacuated. Evacuees will be allowed to return at approximately 1500 hrs.

g. WATER CONTAINED: INVOLVED: No	h. WATERWAY: No	i. DRINKING WATER IMPACTED
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**. a. INCIDENT LOCATION:** 1601 Webster St

**. CITY: c. COUNTY: d. ZIP:**  
Alameda Alameda County 94501

**. INCIDENT DESCRIPTION:**

**. DATE:** 08/19/2004 **b. TIME (Military):** 1200 **c. SITE:** Service Station  
**. INJURIES# e. FATALS #: f. EVACS #: g. CLEANUP BY:**  
0 Contractor

**. NOTIFICATION INFORMATION:**

a. ON SCENE: Fire Dept., Police Dept.	b. OTHER ON SCENE:	c. OTHER NOTIFIED: NRC, Alameda Co HazMat, Co Environmental Health
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. **ADMIN. AGENCY:** Alameda County Environmental **e. SEC. AGENCY:**

Health

**NOTIFICATION DOG Unit:**

**RWQCB Unit: 2**

**LIST:**

AA/CUPA, DFG-OSPR, DTSC, RWQCB, US EPA, USFWS, DHS-D.O., EMSA, OES HAZMATUNIT, OES REG, SFM

\*\*\*\*\* **Control No: 04-4306** \*\*\*\*\*

Created by: Warning Center on: 08/19/2004 01:08:25 PM Last Modified by: Warning Center on: 08/19/2004 01:16:28 PM