



76 Broadway  
Sacramento, CA 95818  
phone 916.558.7676  
fax 916.558.7639

October 23, 2007

Ms. Donna Drogos  
Alameda County Health Care Agency  
1131 Harbor Bay Parkway  
Alameda, CA 94502

RECEIVED  
NOV 21 2007  
ENVIRONMENTAL HEALTH SERVICES

RE: UNOCAL SERVICE STATION #1028  
5300 BROADWAY  
OAKLAND, CA

Dear Ms. Drogos;

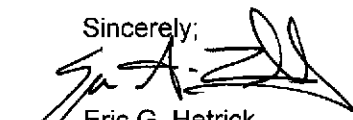
Per my e-mail correspondence dated October 19, 2007, please find enclosed a completed Underground Storage Tank Unauthorized Release Report (URR) and Due Diligence Assessment Report for the above-referenced site.

ConocoPhillips Site Manager Mr. Bill Borgh will be responsible for managing this case. Please contact Mr. Borgh with any questions or comments at:

Mr. Bill Borgh  
ConocoPhillips  
76 Broadway  
Sacramento, CA 95818  
(916) 558-7612  
[Bill.Borgh@conocophillips.com](mailto:Bill.Borgh@conocophillips.com)

I appreciate your assistance in this matter. Should you have any questions, please do not hesitate to contact me at (916) 558-7604.

Sincerely,



Eric G. Hetrick  
Site Manager

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

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| EMERGENCY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | FOR LOCAL AGENCY USE ONLY<br>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<br>1 M 0 M 1 D 9 D 0 Y 7 Y   |   | CASE #   |  | SIGNED: <i>[Signature]</i> DATE: 04/25/08  |  |  |
| REPORTED BY  | NAME OF INDIVIDUAL FILING REPORT<br>ERIC HETRICK  |  | PHONE<br>(916) 558-7604  |  | SIGNATURE<br><i>[Signature]</i>  |  |
|  | REPRESENTING<br><input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER   |  | COMPANY OR AGENCY NAME<br>CONOCOPHILLIPS   |  |  |  |
|  | ADDRESS<br>76 BROADWAY STREET SACRAMENTO CITY CA STATE 95818 ZIP  |  |  |  |  |  |
| RESPONSIBLE PARTY  | NAME<br>CONOCOPHILLIPS <input type="checkbox"/> UNKNOWN   |  | CONTACT PERSON<br>BILL BOZIKH  |  | PHONE<br>(916) 558-7612  |  |
|  | ADDRESS<br>76 BROADWAY STREET SACRAMENTO CITY CA STATE 95818 ZIP  |  |  |  |  |  |
| SITE LOCATION  | FACILITY NAME (IF APPLICABLE)<br>CONOCOPHILLIPS SITE NO 251028 (LOCAL)  |  | OPERATOR   |  | PHONE<br>( )   |  |
|  | ADDRESS<br>5300 BROADWAY STREET OAKLAND CITY CA COUNTY ALAMEDA ZIP  |  |  |  |  |  |
|  | CROSS STREET  |  |  |  |  |  |
| IMPLEMENTING AGENCIES  | LOCAL AGENCY<br>ALAMEDA COUNTY HEALTH CARE  |  | CONTACT PERSON<br>DONNA DEOGOS   |  | PHONE<br>(510) 567-6721  |  |
|  | REGIONAL BOARD<br>SAN FRANCISCO BAY REGION  |  | UNKNOWN  |  | PHONE<br>( )   |  |
| SUBSTANCES INVOLVED  | (1) NAME<br>GASOLINE / DIESEL CONSTITUENTS  |  |  |  | QUANTITY LOST (GALLONS)<br><input checked="" type="checkbox"/> UNKNOWN |  |
|  | (2)   |  |  |  | <input type="checkbox"/> UNKNOWN                                       |  |
| DISCOVERY/ABATEMENT  | DATE DISCOVERED<br>1 M 0 M 1 D 8 D 0 Y 7 Y  |  | HOW DISCOVERED<br><input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> OTHER SUBSURFACE ASSESSMENT |  |  |  |
|  | DATE DISCHARGE BEGAN<br><input checked="" type="checkbox"/> UNKNOWN   |  | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> OTHER  |  |  |  |
|  | HAS DISCHARGE BEEN STOPPED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE  |  |  |  |  |  |
| SOURCE/ CAUSE  | SOURCE OF DISCHARGE<br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER   |  | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER  |  |  |  |
|  | CASE TYPE<br>CHECK ONE ONLY<br><input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)   |  |  |  |  |  |
| CURRENT STATUS   | CHECK ONE ONLY<br><input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> CLEANUP UNDERWAY  |  |  |  |  |  |
|  | REMEDIAL ACTION<br>CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)<br><input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) FURTHER ASSESSMENT REQUIRED <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS) |  |  |  |  |  |
| COMMENTS   | COMMENTS  |  |  |  |  |  |

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2805 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25160.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post-Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hockup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. Regional Water Quality Control Board
3. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
4. Owner/responsible party.

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

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| EMERGENCY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | FOR LOCAL AGENCY USE ONLY<br>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<br>1 M 0 W 1 D 9 D 0 Y 7   |   | CASE #   |  | SIGNED: <i>[Signature]</i> DATE: 04/23/08  |  |
| REPORTED BY  | NAME OF INDIVIDUAL FILING REPORT<br>ERIC HETRICK  |  | PHONE<br>(916) 558-7001  | SIGNATURE<br><i>[Signature]</i>  |  |
|  | REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD<br><input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER   |  | COMPANY OR AGENCY NAME<br>CONOCOPHILLIPS   |  |  |
|  | ADDRESS<br>76 BROADWAY STREET SACRAMENTO CITY CA STATE 95818 ZIP  |  |  |  |  |
| RESPONSIBLE PARTY  | NAME<br>CONOCOPHILLIPS <input type="checkbox"/> UNKNOWN   |  | CONTACT PERSON<br>BILL BOZMAN  | PHONE<br>(916) 558-7612  |  |
|  | ADDRESS<br>76 BROADWAY STREET SACRAMENTO CITY CA STATE 95818 ZIP  |  |  |  |  |
| SITE LOCATION  | FACILITY NAME (IF APPLICABLE) (UNICAL)<br>CONOCOPHILLIPS SITE NO 251028   |  | OPERATOR   | PHONE<br>( )   |  |
|  | ADDRESS<br>5300 BROADWAY STREET OAKLAND CITY CA COUNTY ALAMEDA ZIP  |  |  |  |  |
|  | CROSS STREET  |  |  |  |  |
| IMPLEMENTING AGENCIES  | LOCAL AGENCY AGENCY NAME<br>ALAMEDA COUNTY HEALTH CARE  |  | CONTACT PERSON<br>TOMA DRUGOS  | PHONE<br>(510) 567-6721  |  |
|  | REGIONAL BOARD<br>SAN FRANCISCO BAY REGION  |  | UNKNOWN  | PHONE<br>( )   |  |
| SUBSTANCES INVOLVED  | (1) NAME<br>GASOLINE / DIESEL CONSTITUENTS  |  |  | QUANTITY LOST (GALLONS)<br><input checked="" type="checkbox"/> UNKNOWN   |  |
|  | (2)   |  |  | <input type="checkbox"/> UNKNOWN   |  |
| DISCOVERY/ABATEMENT  | DATE DISCOVERED<br>1 M 0 W 1 D 9 D 0 Y 7  | HOW DISCOVERED<br><input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS<br><input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <u>SUBSURFACE ASSESSMENT</u>  |  |  |  |
|  | DATE DISCHARGE BEGAN<br><input checked="" type="checkbox"/> UNKNOWN   | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING<br><input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE<br><input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER |  |  |  |
|  | HAS DISCHARGE BEEN STOPPED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE  |  |  |  |  |
| SOURCE/ CAUSE  | SOURCE OF DISCHARGE<br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN<br><input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER  |  | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL<br><input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER |  |  |
|  | CASE TYPE<br>CHECK ONE ONLY<br><input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)   |  |  |  |  |
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| COMMENTS   | COMMENTS  |  |  |  |  |

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### REPORTED BY

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### RESPONSIBLE PARTY

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Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

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Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.


SIGNATURE - Sign the form in the space provided.

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2. Regional Water Quality Control Board
3. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
4. Owner/responsible party.

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

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>EMERGENCY</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | <b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | <b>FOR LOCAL AGENCY USE ONLY</b><br>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. |   |
| <b>REPORT DATE</b><br>1/10/1997   |  | <b>CASE #</b><br>_____  |   | SIGNED: _____ DATE: _____   |   |
| <b>REPORTED BY</b>  | <b>NAME OF INDIVIDUAL FILING REPORT</b><br>ERIC HETRICK  |   |   | <b>PHONE</b><br>(416) 558-7601  | <b>SIGNATURE</b><br> |
|   | <b>REPRESENTING</b><br><input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD<br><input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____  |   |   | <b>COMPANY OR AGENCY NAME</b><br>COMEXOPHILLIPS   |   |
|   | <b>ADDRESS</b><br>76 BRADWAY STREET SACRAMENTO CITY CA STATE 95818 ZIP   |   |   |   |   |
| <b>RESPONSIBLE PARTY</b>  | <b>NAME</b><br>COMEXOPHILLIPS <input type="checkbox"/> UNKNOWN   |   |   | <b>CONTACT PERSON</b><br>BILL TORIQUA   | <b>PHONE</b><br>(716) 558-7612  |
|   | <b>ADDRESS</b><br>76 BRADWAY STREET SACRAMENTO CITY CA STATE 95818 ZIP   |   |   |   |   |
| <b>SITE LOCATION</b>  | <b>FACILITY NAME (IF APPLICABLE)</b> (UNICAL)<br>COMEXOPHILLIPS SITE NO 251028   |   |   | <b>OPERATOR</b><br>_____  | <b>PHONE</b><br>( )   |
|   | <b>ADDRESS</b><br>5000 BRADWAY STREET OAKLAND CITY CA COUNTY ALABAMA ZIP   |   |   |   |   |
|   | <b>CROSS STREET</b><br>_____   |   |   |   |   |
| <b>IMPLEMENTING AGENCIES</b>  | <b>LOCAL AGENCY</b><br>ALABAMA COUNTY HEALTH CARE  |   |   | <b>CONTACT PERSON</b><br>TOMA DELOUS  | <b>PHONE</b><br>(510) 527-6721  |
|   | <b>REGIONAL BOARD</b><br>SAN FRANCISCO BAY REGION  |   |   | <b>CONTACT PERSON</b><br>UNKNOWN  | <b>PHONE</b><br>( )   |
| <b>SUBSTANCES INVOLVED</b>  | (1) <b>NAME</b><br>GASOLINE DIESEL COMPONENTS  |   |   |   | <b>QUANTITY LOST (GALLONS)</b><br><input checked="" type="checkbox"/> UNKNOWN                           |
|   | (2) _____  |   |   |   | <input type="checkbox"/> UNKNOWN  |
| <b>DISCOVERY/ABATEMENT</b>  | <b>DATE DISCOVERED</b><br>1/10/1997  | <b>HOW DISCOVERED</b><br><input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS<br><input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER INSURANCE ASSESSMENT  |   |   |   |
|   | <b>DATE DISCHARGE BEGAN</b><br>_____ <input checked="" type="checkbox"/> UNKNOWN   | <b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b><br><input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING<br><input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE<br><input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____ |   |   |   |
|   | <b>HAS DISCHARGE BEEN STOPPED?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____  |   |   |   |   |
| <b>SOURCE/ CAUSE</b>  | <b>SOURCE OF DISCHARGE</b><br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN<br><input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____  |   | <b>CAUSE(S)</b><br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL<br><input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____ |   |   |
|   | <b>CHECK ONE ONLY</b><br><input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)  |   |   |   |   |
| <b>CURRENT STATUS</b>   | <b>CHECK ONE ONLY</b><br><input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION<br><input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS<br><input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY  |   |   |   |   |
|   | <b>CHECK APPROPRIATE ACTION(S)</b> (SEE BACK FOR DETAILS)<br><input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT)<br><input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)<br><input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)<br><input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) INSURANCE ASSESSMENT REQUIRED |   |   |   |   |
|   | <b>COMMENTS</b><br>_____   |   |   |   |   |

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. Regional Water Quality Control Board
3. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
4. Owner/responsible party.

**Drogos, Donna, Env. Health**

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**From:** Hetrick, Eric G [Eric.G.Hetrick@conocophillips.com]  
**Sent:** Friday, October 19, 2007 12:14 PM  
**To:** Drogos, Donna, Env. Health  
**Cc:** Ripp, Tim L; ATC - Wayne Maxie; Mosconi, Louis S.; Borgh, Bill;  
**Subject:** COP Site No. 1028 - 5300 Broadway, Oakland  
**Attachments:** 251028 Site Map.pdf; 1058509-4880 - Oakland, CA (251028) 09-28-2007 09-15-00.pdf; 1028 Oakland URR.PDF

Donna;

As you may or may not know, ConocoPhillips is currently completing pre-divestiture assessment activities at many of our retail service stations. We've recently completed assessment activities at COP Site No. 1028 located at 5300 Broadway in Oakland and I wanted to inform you of the results for the site. The laboratory analytical results, site map and URR are attached. Results indicate TPH-D in groundwater at concentrations up to 25,000 ug/l. Pre-closure concentrations of TPH-D were less than 10 ug/l.

We'll be submitting the assessment report to you shortly. Please contact me or Mr. Bill Borgh at 916-558-7612 if this does not meet your notification requirements or if you have any questions.

Best Regards,  
Eric

<<251028 Site Map.pdf>> <<1058509-4880 - Oakland, CA (251028) 09-28-2007 09-15-00.pdf>> <<1028 Oakland URR.PDF>>

Eric G. Hetrick  
Site Manager - Risk Management and Remediation  
ConocoPhillips Company  
76 Broadway  
Sacramento, CA 95818  
916-558-7604 (office)  
916-307-3450 (cell)  
916-558-7639 (fax)  
Eric.G.Hetrick@conocophillips.com

**RM&R Safety Principles:**

- Report to work physically rested and mentally alert.
- Observe and coach your co-workers to ensure that they work safely.
- Do not improvise or take short cuts – follow procedures.
- There is zero tolerance for willful unsafe actions.
- Stop all unsafe work.