

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (L			RECEIVED		PORT
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 I HAVE REPORTED THIS INCIDENT TO THE HEALTH AND SAFETY AGENCY AND THAT I HAVE RECEIVED A COPY OF SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 9/24/2008		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Charles O'Neill		PHONE (916) 853-8927		SIGNATURE <i>Charles O'Neill</i>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Shell Oil Products US		
	ADDRESS 20945 S. Wilmington Ave. Carson CA 90810 STREET CITY STATE ZIP				
RESPONSIBLE PARTY	NAME Shell Oil Products US <input type="checkbox"/> Unknown		CONTACT PERSON Carol Campagna		PHONE (707) 864-1617
	ADDRESS 20945 S. Wilmington Ave Carson CA 90810 STREET CITY STATE ZIP				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Shell 165112		OPERATOR		PHONE ( )
	ADDRESS 4895 Hacienda Drive Dublin Alameda 94568 STREET CITY COUNTY ZIP				
	CROSS STREET Hacienda Drive and Hacienda Crossing				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Environmental Health				PHONE (510) 567-6721
	REGIONAL BOARD San Francisco Regional Water Board				PHONE ( )
SUBSTANCES INVOLVED	(1) NAME TPPH (diesel; 39 ppm soil)		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown		
	(2) NAME MTBE (0.073 ppm soil, 370 ppb groundwater)		<input checked="" type="checkbox"/> Unknown		
DISCOVERY/ABATEMENT	DATE DISCOVERED 9/23/08		HOW DISCOVERED <input type="checkbox"/> Tank Test <input type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input checked="" type="checkbox"/> Other		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> Remove Contents <input type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input checked="" type="checkbox"/> Other <input type="checkbox"/> Repair Piping		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE Unknown				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other		CAUSE(S) <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Spill <input checked="" type="checkbox"/> Other		
	CHECK ONE ONLY <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 <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway				
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment At Hookup (HU) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)				
COMMENTS	During review of laboratory analytical results from soil and groundwater sampling, concentrations of MTBE (370 ppb groundwater, 0.073 ppm soil); and TPPH (diesel; 39 ppm soil) were noted in groundwater and/or soil samples collected from the site by Delta Consultants (Delta). Delta notified Alameda County Environmental Health on 9/23/08 by phoning and leaving a message for and emailing Donna Drogos at 3:16pm PST. A report documenting the findings will be submitted to the agency within 60 days.				



## Instructions for Completing UST Unauthorized Release (Leak) / Contamination Site Report

**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). Indicate whether the OES report has been filed as of the date of this report.

**LOCAL AGENCY USE ONLY:** To avoid duplicate notifications pursuant to Health and safety Code Section 25180.7, a designated 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 name, telephone number, and address. Indicate which party you represent and provide company or agency name.

**SIGNATURE:** Sign the form in the space provided.

**RESPONSIBLE PARTY:** Enter the 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 site address.

**IMPLEMENTING AGENCIES:** Enter the names of the local agency and Regional Water Quality Control Board having jurisdiction over the site.

**SUBSTANCES INVOLVED:** Enter the name and quantity lost of the hazardous substance(s) involved. 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 the source(s) of leak. Check box(es) indicating the cause(s) of leak.

**CASE TYPE:** Check one box only. Indicate the Case Type category for this leak. 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 "Groundwater." Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Groundwater" 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:** Check one box only. Indicate the category which best describes the Current Status of the case. The response should be relative to the Case Type. For example, if the Case Type is "Groundwater," then Current Status should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options are as follows:

- **No Action Taken** – No action has been taken by the Responsible Party beyond initial reporting of the leak.
- **Leak Being Confirmed** – A leak is suspected at the site, but has not yet been confirmed.
- **Remediation Plan** – Remediation Plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
- **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** – Workplan is being implemented.
- **Case Closed** – Regional Water Quality Control Board and local agency Local Oversight Program (LOP) agree that no further work is necessary at the site.
- **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.
- **Post Cleanup Monitoring in Progress** – Periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate the effectiveness of remedial activities.
- **Cleanup Underway** – Remediation Plan is being implemented.

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 actions have been used to clean up or remediate the leak. Descriptions of options are as follows:

- **Cap Site** – Install horizontal impermeable layer to reduce rainfall infiltration.
- **Containment Barrier** – Install vertical dike to block horizontal movement of contaminants.
- **Excavate and Dispose** – Remove contaminated soil and dispose at 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 alternate 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.

**DISTRIBUTION:** If this form is completed by the tank owner or his/her agent, retain a copy and forward the original to your local tank permitting agency for distribution.

- Original – Local UST permitting agency. (Agency contact information is available at [www.unidocs.org](http://www.unidocs.org).)
- Copy – Regional Water Quality Control Board. (Boundaries and contact information are available at [www.swrcb.ca.gov/regions.html](http://www.swrcb.ca.gov/regions.html).)
- Copy – Local Oversight Program (LOP) agency. (Agency contact information is available at [www.unidocs.org](http://www.unidocs.org).)
- Copy – Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- Copy – Owner/Responsible Party.