

# 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		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 7/13/2010		CASE #		SIGNED  DATE 09/20/12	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT O. Kelly Murphy		PHONE (310) 522-1168		SIGNATURE
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER		COMPANY OR AGENCY NAME American Integrated Services, Inc.		
	ADDRESS 1502 E Opp St <span style="float: right;">Wilmington CA 90744</span>				
RESPONSIBLE PARTY	NAME California National Guard Armory <input type="checkbox"/> Unknown		CONTACT PERSON SFC Tory Johnson		PHONE (510) 278-7508
	ADDRESS 10620 Mather Blvd <span style="float: right;">Mather CA 95655</span>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) California National Guard Armory		OPERATOR CA ARNG		PHONE (510) 278-7508
	ADDRESS 16501 Ashland Ave <span style="float: right;">San Lorenzo Alameda 94580</span>				
	CROSS STREET Lewelling				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Department of Environmental Health				PHONE (510) 567-6781
	REGIONAL BOARD San Francisco Bay RWQCB				PHONE (510) 622-2300
SUBSTANCES INVOLVED	(1) NAME TPHd		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown		
	(2)		<input checked="" type="checkbox"/> Unknown		
DISCOVERY/ABATEMENT	DATE DISCOVERED 6/23/2010		HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input 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 checked="" type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other <input type="checkbox"/> Repair Piping		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 6/23/2010				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other		CAUSE(S) <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Spill <input 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 type="checkbox"/> No Action Taken <input checked="" 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				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment At Hookup (HU) <input 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 checked="" type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)				
COMMENTS					