

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

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|--|--|---|
| 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 | <b>FOR LOCAL AGENCY USE ONLY</b><br>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<br><span style="font-size: 1.2em;">6/12/2015</span>                  | CASE #<br><span style="font-size: 1.2em;">RO-0000182</span>  | SIGNED _____ DATE _____   |

|             |  |                              |                 |  |
|-------------|--|------------------------------|-----------------|--|
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT _____   | PHONE ( ) _____              | SIGNATURE _____ |  |
|             | REPRESENTING<br><input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD<br><input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER | COMPANY OR AGENCY NAME _____ |                 |  |
|             | ADDRESS _____  |                              |                 |  |

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|-------------------|--|---|--|
| RESPONSIBLE PARTY | NAME <span style="font-size: 1.2em;">MEHRDAD DOKHANCHY</span><br><span style="font-size: 1.2em;">EDWARD K. HEMMAT</span> | CONTACT PERSON<br><span style="font-size: 1.2em;">SAME</span> | PHONE<br><span style="font-size: 1.2em;">(925) 705-6173</span> |
|                   | ADDRESS<br><span style="font-size: 1.2em;">P.O. Box 11390</span>   | CITY<br><span style="font-size: 1.2em;">OAKLAND</span>        | STATE<br><span style="font-size: 1.2em;">CA</span>             |

|               |  |  |   |   |
|---------------|--|--|---|---|
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) _____                                  | OPERATOR _____   | PHONE ( ) _____                                     |   |
|               | ADDRESS<br><span style="font-size: 1.2em;">5630 San Pablo Ave</span> |  |   |   |
|               | STREET<br><span style="font-size: 1.2em;">OAKLAND</span>             | CITY<br><span style="font-size: 1.2em;">OAKLAND</span> | COUNTY<br><span style="font-size: 1.2em;">CA</span> | ZIP<br><span style="font-size: 1.2em;">94608</span> |

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| IMPLEMENTING AGENCIES | LOCAL AGENCY    AGENCY NAME<br><span style="font-size: 1.2em;">ALAMEDA County HEALTH CARE SERVICES</span> | PHONE<br><span style="font-size: 1.2em;">(510) 567-6700</span> |
|                       | REGIONAL BOARD _____  | PHONE ( ) _____  |

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| SUBSTANCES INVOLVED | (1) NAME<br><span style="font-size: 1.2em;">TPH-g, NAPHTHALENE</span> | QUANTITY LOST (GALLONS)<br><span style="font-size: 1.2em;">340, ?</span>        | <input checked="" type="checkbox"/> Unknown |
|                     | (2) NAME<br><span style="font-size: 1.2em;">TPH-d &amp; BTEX</span>   | QUANTITY LOST (GALLONS)<br><span style="font-size: 1.2em;">150 &amp; 2.2</span> | <input type="checkbox"/> Unknown            |

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| DISCOVERY/ABATEMENT | DATE DISCOVERED _____   | HOW DISCOVERED<br><input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions<br><input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Other | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Remove Contents <input type="checkbox"/> Close Tank<br><input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure<br><input type="checkbox"/> Replace Tank <input checked="" type="checkbox"/> Other <span style="font-size: 1.2em;">REMOVED TANK</span><br><input type="checkbox"/> Repair Piping |
|                     | DATE DISCHARGE BEGAN _____  |  | <input checked="" type="checkbox"/> Unknown   |
|                     | HAS DISCHARGE BEEN STOPPED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    IF YES, DATE _____ |  |   |

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| SOURCE/CAUSE | SOURCE OF DISCHARGE<br><input checked="" type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Dispenser <input type="checkbox"/> Delivery Problem<br><input type="checkbox"/> Submersible Turbine Pump (STP) <input type="checkbox"/> Other | CAUSE(S)<br><input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Physical/Mechanical Damage <input type="checkbox"/> Corrosion<br><input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Other |
|--------------|--|--|

|           |  |
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| CASE TYPE | 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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|                |   |
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| CURRENT STATUS | CHECK ONE ONLY<br><input type="checkbox"/> Open - Site Assessment <input checked="" type="checkbox"/> Open - Verification Monitoring<br><input type="checkbox"/> Open - Assessment & Interim Remedial Action <input type="checkbox"/> Open - Inactive<br><input type="checkbox"/> Open - Remediation <input type="checkbox"/> Closed - No Further Action Required |
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|                 |   |   |   |                                |
|-----------------|---|---|---|--------------------------------|
| REMEDIAL ACTION | CHECK APPROPRIATE ACTION(S)<br>Human health exposure control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>Groundwater migration control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |                                |
|                 | <input type="checkbox"/> No Action Required (NAR)<br><input type="checkbox"/> Excavate & Dispose (ED)   | <input type="checkbox"/> Excavate & Treat (ET)<br><input type="checkbox"/> Free Product Removal (FPR) | <input type="checkbox"/> Treatment at Hookup (TH)<br><input type="checkbox"/> Replace Supply (RS) | <input type="checkbox"/> Other |

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| COMMENTS | <span style="font-size: 1.2em;">MOST RECENT TESTING SHOWED MINIMAL READINGS OF SUBSTANCES CONSIDERED HAZARDOUS.</span> |
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