

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

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| 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 THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM. |
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| REPORT DATE 0 <u>5</u> <u>3</u> <u>0</u> <u>9</u> <u>1</u> | CASE # _____ |
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| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT Mr. William C. Robison | PHONE (415) 832-3456 | SIGNATURE <i>William C. Robison</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 Buttner Properties, Inc. | | |
| | ADDRESS 600 West Grand Avenue Oakland CA 94612 | | | |

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| RESPONSIBLE PARTY | NAME Buttner Properties, Inc. <input type="checkbox"/> UNKNOWN | CONTACT PERSON William C. Robison | PHONE (415) 832-3456 |
| | ADDRESS 600 West Grand Avenue Oakland CA 94612 | | |

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| SITE LOCATION | FACILITY NAME (IF APPLICABLE) Dave's Complete Auto Service | OPERATOR David Chu | PHONE (415) 451-5662 | |
| | ADDRESS 2250 Telegraph Avenue, Oakland, CA 94612 | | | |
| | CROSS STREET West Grand Avenue | | | |

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| IMPLEMENTING AGENCIES | LOCAL AGENCY Alameda Co. Health Care Services | CONTACT PERSON Mr. Paul Smith | PHONE (415) 271-4320 |
| | REGIONAL BOARD San Francisco Bay Region | Unassigned | PHONE (415) 464-1255 |

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| SUBSTANCES INVOLVED | (1) NAME Gasoline | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN |
| | (2) NAME Waste oil | <input checked="" type="checkbox"/> UNKNOWN |

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| DISCOVERY/ABATEMENT | DATE DISCOVERED 0 <u>8</u> <u>2</u> <u>8</u> <u>9</u> <u>0</u> | HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL | <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS |
| | 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 & 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 0 <u>8</u> <u>2</u> <u>8</u> <u>9</u> <u>0</u> | | |

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| SOURCE/CAUSE | SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER | CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER |
| | waste oil gasoline | |

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| CASE TYPE | 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) |
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| CURRENT STATUS | CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN <u>underway</u> 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 type="checkbox"/> CLEANUP UNDERWAY |
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| REMEDIAL ACTION | CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <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) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) |
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| COMMENTS | _____ |
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