

# 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	FOR LOCAL AGENCY USE ONLY PROTECTION 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 0 <sub>M</sub> 4 <sub>M</sub> 1 <sub>D</sub> 0 <sub>D</sub> 0 <sub>Y</sub> 0 <sub>Y</sub>	CASE #	SIGNED _____ DATE 00 APR 27 PM 4:45

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT JONATHAN S. CHASE	PHONE (510) 451-0383	SIGNATURE 	
	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 CHASE & CHASE, ATTORNEYS		
	ADDRESS 11 EMBARCADERO WEST #230    OAKLAND    CA    94607 <small>STREET    CITY    STATE    ZIP</small>			

RESPONSIBLE PARTY	NAME CATHERINE JUNG GONG, ADM. ESTATE OF WESLEY D. JUNG <input type="checkbox"/> UNKNOWN	CONTACT PERSON CATHERINE JUNG GONG	PHONE (510) 531-6094
	ADDRESS 2041 BYWOOD DRIVE    OAKLAND    CA    94602 <small>STREET    CITY    STATE    ZIP</small>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) PRECISION TUNE FORMERLY ACCUTUNE	OPERATOR GEORGE & HELEN KWONG	PHONE (510) 658-8863	
	ADDRESS 4045 BROADWAY    OAKLAND    ALAMEDA    94609 <small>STREET    CITY    COUNTY    ZIP</small>			
	CROSS STREET 41st Street			

IMPLEMENTING AGENCIES	LOCAL AGENCY    AGENCY NAME ALAMEDA COUNTY HEALTH CARE SVCS	CONTACT PERSON DON HWANG	PHONE (510) 567-6700
	REGIONAL BOARD		PHONE ( )

SUBSTANCES INVOLVED	(1) NAME WASTE OIL	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 1 <sub>M</sub> 2 <sub>M</sub> 2 <sub>D</sub> 1 <sub>D</sub> 9 <sub>Y</sub> 5 <sub>Y</sub>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER	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
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE 1 <sub>M</sub> 2 <sub>M</sub> 2 <sub>D</sub> 1 <sub>D</sub> 9 <sub>Y</sub> 5 <sub>Y</sub>		

SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	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)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN 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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)
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COMMENTS	_____
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