

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	
REPORT DATE 05/20/03		CASE #	
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			
REPORTED BY NAME OF INDIVIDUAL FILING REPORT Joel Greger		PHONE 15107876867	SIGNATURE Joel Greger
REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME PIERS Environmental	
ADDRESS 1330 S. Bascom Ave. Suite F San Jose CA 95128			
RESPONSIBLE PARTY NAME Mr. C.M. & Mrs. J.H. Chung		CONTACT PERSON	PHONE (415) 2852713
ADDRESS 3168 Mission St. San Francisco CA			
SITE LOCATION FACILITY NAME (IF APPLICABLE) (Former Service Station)		OPERATOR	PHONE ()
ADDRESS 2942 San Pablo Ave. Oakland Alameda			
CROSS STREET 30th St.			
IMPLEMENTING AGENCIES LOCAL AGENCY Alameda Co Health Care Svcs. Agency		CONTACT PERSON	PHONE ()
REGIONAL BOARD S.F. Bay Region		CONTACT PERSON Mrs. Betty Graham	PHONE ()
SUBSTANCES INVOLVED (1) gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
(2) Trichloroethene apparently from adjacent parcel - former plating shop		<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT DATE DISCOVERED 05/08/03		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER <u>exploratory borings</u>	
DATE DISCHARGE BEGAN m m d d y y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input 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 checked="" type="checkbox"/> OTHER <u>station ceased operation</u>	
HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		CAUSE(S) 12/1967	
SOURCE/CAUSE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		<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	
CASE TYPE <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"/> 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 type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY			
REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) <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 type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)			
REMARKS			

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