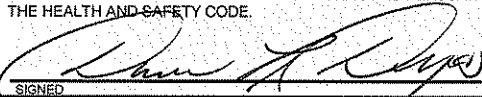



UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/ CONTAMINATION SITE REPORT			
EMERGENCY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REPORT DATE 6/12/12		CASE # 202973	
		FOR LOCAL AGENCY USE ONLY 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.  6/12/12	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Annette Chen		PHONE (415) 512-1555
	SIGNATURE  Annette Chen		<small>Digitally signed by Annette Chen DN: cn=Annette Chen, o=US Date: 2012.06.12 11:45:48 -0700</small>
RESPONSIBLE PARTY	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER... contractor		COMPANY OR AGENCY NAME Golden Gate Tank Removal, Inc.
	ADDRESS 1455 Yosemite Avenue STREET San Francisco CITY CA STATE 94124 ZIP		
SITE LOCATION	NAME The Ambassador, LP <input type="checkbox"/> Unknown		PHONE 510-841-4410
	ADDRESS 2220 Oxford Street STREET Berkeley CITY CA STATE 94704 ZIP		
IMPLEMENTING AGENCIES	FACILITY NAME (IF APPLICABLE)		OPERATOR
	ADDRESS 1168 36th Street STREET Emeryville CITY Alameda COUNTY 94608 ZIP		PHONE
	CROSS STREET Peralta St & Adeline St.		
SUBSTANCES INVOLVED	LOCAL AGENCY AGENCY NAME Alameda County Department of Environmental Health -Chris Tougeron		PHONE (510)567-6804
	REGIONAL BOARD		PHONE
DISCOVERY/ABATEMENT	(1) NAME Heating Oil		QUANTITY LOST (GALLONS) _____ <input checked="" type="checkbox"/> Unknown
	(2) _____		_____ <input type="checkbox"/> Unknown
SOURCE/CAUSE	DATE DISCOVERED 6/11/12	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 _____	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank & Removed <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other... <input type="checkbox"/> Repair Piping	
CASE TYPE	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6/11/12 IF YES, DATE		
	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...
CURRENT STATUS	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)		
	CHECK ONE ONLY <input checked="" type="checkbox"/> No Action Taken <input 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 type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)		
	COMMENTS Holes found in the tank.		