

TRANSMITTAL

TO: Alameda County Environmental Health  
FROM: JoAnn O'Connor  
Cc: Blank Family Trust  
DATE: January 17, 2008  
SUBJECT: URF Forms - 990 San Pablo Ave & 1530-1540 Solano Avenue

Enclosed please find completed URF forms for the above referenced properties. A complete report of our Phase II investigation will be forthcoming shortly.

Should you have any questions, please contact EttaJon (EJ) VandenBosch at 707-792-9500.

Sincerely,



JoAnn O'Connor  
Office Manager

RECEIVED

JAN 22 2008

ENVIRONMENTAL HEALTH SERVICES

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

EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		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 25190.7 OF THE HEALTH AND SAFETY CODE. <i>[Signature]</i> 6/4/08 SIGNED DATE	
REPORT DATE M   M   D   D   Y   Y		CASE #			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Etta Jon Vandenberg		PHONE (767) 792-9500	SIGNATURE Etta Jon Vandenberg	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Edd Clark & Associates, Inc.		
	ADDRESS PO Box 3039 Rohnert Park CA 94927				
RESPONSIBLE PARTY	NAME Blank Family Trust		<input type="checkbox"/> UNKNOWN CONTACT PERSON Muriel T. Blank	PHONE ( )	
	ADDRESS 1164 Solano Ave #406 Albany CA 94706				
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR	PHONE ( )	
	ADDRESS 990 San Pablo Ave. Albany Alameda 94706				
	CROSS STREET Buchanan St.				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Environmental Health		CONTACT PERSON TBD	PHONE (510) 567-6702	
	REGIONAL BOARD San Francisco Bay RWQCB		TBD	PHONE (510) 622-2300	
SUBSTANCES INVOLVED	(1) NAME Fuel Hydrocarbons		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/BATEMENT	DATE DISCOVERED 01 M   06 D   08 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS		
	DATE DISCHARGE BEGAN M   M   D   D   Y   Y		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE unknown		<input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER Soil & groundwater samples		
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL		
	<input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		<input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUND WATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
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 checked="" 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 (FR) <input type="checkbox"/> EXTENDED-DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUND WATER (PT) <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)				
COMMENTS	RECEIVED JAN 22 2008 ENVIRONMENTAL HEALTH SERVICES				