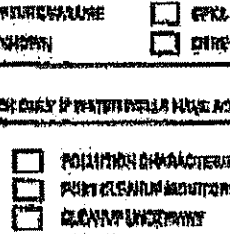


UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS STATE DEPT OF PES PROPERTY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR TOUGH REPORTING INFORMATION <small>FOR TOUGH REPORTING INFORMATION</small>	
REPORT NUMBER <small>REPORT NUMBER</small>		DATE <small>DATE</small>		<small>FOR TOUGH REPORTING INFORMATION</small>	
NAME OF INDIVIDUAL FILING REPORT ATHAN MAGEANAS		PHONE (510) 223 4483		SIGNATURE 	
REPRESENTATION <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER		<input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> MEDICAL BOARD <input checked="" type="checkbox"/> MAJOR CONTRACTOR		COMPANY OR AGENCY NAME BRUDER LLC	
ADDRESS 2550 ARIAN WAY SEC 201 PINOLE CA 94564		CITY PINOLE		STATE CA	
NAME BRUDER LLC		CONTACT PERSON ATHAN MAGEANAS		PHONE (510) 223 4483	
ADDRESS 2550 ARIAN WAY SEC 201 PINOLE CA 94564		CITY PINOLE		STATE CA	
FACILITY NAME (IF APPLICABLE) <small>FACILITY NAME (IF APPLICABLE)</small>		OPERATOR BRUDER LLC		PHONE (510) 223 4483	
ADDRESS 6501 SHATTUCK Ave OAKLAND CA 94609		CITY OAKLAND		STATE CA	
OTHER STREET 65th Street		OTHER STREET <small>OTHER STREET</small>		OTHER STREET <small>OTHER STREET</small>	
LOCAL AGENCY CITY OF OAKLAND FIRE PREVENTION		CONTACT PERSON JESSE KUPERS		PHONE (510) 238 7054	
REGIONAL BOARD <small>REGIONAL BOARD</small>		REGIONAL BOARD <small>REGIONAL BOARD</small>		REGIONAL BOARD <small>REGIONAL BOARD</small>	
QUANTITY 1		NAME GAS, Diesel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> KNOWN	
DATE DISCOVERED 09/28/09		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> ADMINISTRATIVE CONTACT <input type="checkbox"/> LEAK DETECTOR (AUTOMATIC) <input type="checkbox"/> NEIGHBOR REPORTING		OTHER <small>OTHER</small>	
DATE DISCOVERY BEGAN <small>DATE DISCOVERY BEGAN</small>		<input checked="" type="checkbox"/> CONTINUOUS		NOTION WROTE TO SPECIFIC COMPANIES (LIST ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVED CONTENTS <input type="checkbox"/> CLOSED TANK & RESTORE <input type="checkbox"/> REPAIR PIPING	
WAS DISCOVERY BEGAN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 09/29/09		<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLEAN TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEEDURE		<input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER CLEANED TANKS, REMOVED TANKS	
SOURCE OF SPILL/LEAK <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CHARACTER <input type="checkbox"/> OVERFLOW <input type="checkbox"/> AIR/VENTILATION <input type="checkbox"/> EPC <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		OTHER <small>OTHER</small>	
CHECKS ONLY <input checked="" type="checkbox"/> LEAK TEST ONLY <input type="checkbox"/> VISUAL <input type="checkbox"/> RESOUNDANCE <input type="checkbox"/> REMOVED WATER - CHECK ONLY IF PART OF TANK HAS ACTUALLY BEEN AFFECTED		CHECKS ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT REPORT AT ALL TIMES <input type="checkbox"/> POLLUTION CHARACTERIZATION		<input type="checkbox"/> LEAK BEING CONTINUED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> FULL CLEANUP AND MONITORING IN PROGRESS	
<input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CLEANUP BEING COMPLETED OR UNDERWAY <input type="checkbox"/> CLEANUP UNDERWAY		<input type="checkbox"/> CHECK APPROPRIATE REGULATIONS <input checked="" type="checkbox"/> REMOVE & TREAT (R) <input type="checkbox"/> REMOVE FROM STORAGE (R) <input type="checkbox"/> EXTRACTED AND REGENERATION (R)		<input type="checkbox"/> CAP WITH (R) <input type="checkbox"/> EXHAUST & TREAT (R) <input type="checkbox"/> PUMP & TREAT CHARACTERIZATION (R) <input type="checkbox"/> REPLACE DUFFY (R)	
<input type="checkbox"/> CONTAINMENT BARRIERS (R) <input type="checkbox"/> NO ACTION REQUIRED (R) <input type="checkbox"/> TREATMENT AT REPAIR PAD <input type="checkbox"/> VENT 201 (R)		<input type="checkbox"/> VAPOR CONTROL (R) <input type="checkbox"/> OTHER (R)		<input type="checkbox"/> VENT 201 (R)	
COMMENTS <small>COMMENTS</small>					

W. Page
08/27/10