

June 19, 2015

Mr. Keith Nowell
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Ste. 250
Alameda, CA 94502-6577
keith.nowell@acgov.org

RECEIVED

By Alameda County Environmental Health 10:10 am, Jun 22, 2015

Subject: **Unauthorized Release Form**
3101 35th Avenue, Oakland, CA
Fuel Leak Case No. RO0003164; Global ID T10000006539


Dear Mr. Nowell,

I declare, under penalty of perjury, that the information and/or recommendations contained in the attached *Unauthorized Release Form* are true and correct to the best of my knowledge.

Sincerely,



Ms. Mona Hsieh
Responsible Party Representative

UNDERGROUND STORAGE TANK (UST) SITE - UNAUTHORIZED RELEASE / CONTAMINATION 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 2/8/2015		CASE #	
		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.	
		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Ben Halsted		PHONE (408) 655-9434
	SIGNATURE 		
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Environmental Restoration Services
SITE LOCATION	ADDRESS PO Box 2006		
	STREET		CITY
	Menlo Park	Ca	94026
RESPONSIBLE PARTY	NAME Green Oaks Builders Inc. <input type="checkbox"/> Unknown		CONTACT PERSON Mona Hiesh
	ADDRESS 333 Brannan St. #101		PHONE (510) 928-7888
	STREET		CITY
SITE LOCATION	San Francisco		CA 94103
	FACILITY NAME (IF APPLICABLE) Former Texaco Site		OPERATOR Vacant
	ADDRESS 3101 35 th Ave		PHONE
STREET		CITY	Alameda 94603
CROSS STREET School St.		COUNTY	ZIP
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County (510) 567-6748		PHONE (510) 567-6748
	REGIONAL BOARD SF Bay RWQCB		PHONE (510) 622-2300
SUBSTANCES INVOLVED	(1) NAME GRO		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown
	(2)		<input type="checkbox"/> Unknown
DISCOVERY/ABATEMENT	DATE DISCOVERED 2-8-2015	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 X Unknown	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other <input type="checkbox"/> Repair Piping	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DATE		
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> Piping <input type="checkbox"/> Dispenser <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Submersible Turbine Pump (STP) <input type="checkbox"/> Other		CAUSE(S) <input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Physical/Mechanical Damage <input checked="" type="checkbox"/> Corrosion <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Other
	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)		
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> Open - Site Assessment <input type="checkbox"/> Open - Verification Monitoring <input type="checkbox"/> Open - Assessment & Interim Remedial Action <input type="checkbox"/> Open - Inactive <input type="checkbox"/> Open - Remediation <input type="checkbox"/> Closed – No Further Action Required		
	CHECK APPROPRIATE ACTION(S) Human health exposure control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Groundwater migration control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> No Action Required (NAR) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment at Hookup (TH) <input type="checkbox"/> Other <input checked="" type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Free Product Removal (FPR) <input type="checkbox"/> Replace Supply (RS)		
COMMENTS			

Instructions for Completing UST Unauthorized Release (Leak) / Contamination Site Report

EMERGENCY: Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES). Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY USE ONLY: To avoid duplicate notifications pursuant to Health and safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY: Enter name, telephone number, and address. Indicate which party you represent and provide company or agency name.

SIGNATURE: Sign the form in the space provided.

RESPONSIBLE PARTY: Enter the name, telephone number, contact person, and address of the party responsible for the leak. The Responsible Party would normally be the tank owner.

SITE LOCATION: Enter information regarding the tank facility. At a minimum, you must provide the facility name and full site address.

IMPLEMENTING AGENCIES: Enter the names of the local agency and Regional Water Quality Control Board having jurisdiction over the site.

SUBSTANCES INVOLVED: Enter the name and quantity lost of the hazardous substance(s) involved. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT: Provide information regarding the discovery and abatement of the leak.

SOURCE: Indicate the source(s) of the leak. Check source(s) that apply.

CAUSE: Check box(es) that apply. Only use "other" when the release source is known, but does not fit into any of the other categories. For example releases from vent and vapor recovery lines.

CASE TYPE: Check one box only. Indicate the Case Type category for this leak. Case Type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, Case Type will be "Groundwater." Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Groundwater" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that Case Type may change upon further investigation.

CURRENT STATUS: Check one box only. Indicate the category which best describes the Current Status of the case. The response should be relative to the Case Type. For example, if the Case Type is "Groundwater," then Current Status should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options are as follows:

- **Open- Site Assessment** – An investigation to determine whether groundwater and/or soil have/has been, or will be, impacted as a result of the release.
- **Open- Assessment & Interim Remedial Action** – An investigation to determine whether groundwater and/or soil have/has been, or will be, impacted as a result of the release and appropriate actions to prevent or address an immediate threat to human health or the environment.
- **Open- Remediation** – Remedial activities to prevent or address a threat to human health or the environment as a result of the release.
- **Open- Verification Monitoring** – Periodic groundwater or other monitoring at the site to verify and/or evaluate the effectiveness of remedial activities.
- **Open- Inactive** – No activities have been implemented to determine whether groundwater and/or soil were/was impacted by the release.
- **Closed- No Further Action Required** – Regional Water Quality Control Board and local agency Local Oversight Program agree that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

REMEDIAL ACTION: Indicate which actions have been used to clean up or remediate the leak. Descriptions of options are as follows:

- **Human health exposure control? Yes** – Assessments for human exposures indicate there are no unacceptable human exposure pathways and the Regional Water Quality Control Board or other regulatory agency staff has determined the site is under control for current conditions.
- **Human health exposure control? No** – Data indicate that there are complete human exposures pathways that present unacceptable exposures to humans, and actions have yet to be completed to address these human exposure pathways for the entire site.
- **Human health exposure control? Unknown** – There is not sufficient information to determine whether there are any current, complete unacceptable human exposure pathways at the site.
- **Groundwater migration control? Yes** – All information on known and reasonably expected groundwater contamination has been reviewed and that the migration of contaminated groundwater is stabilized and there is no unacceptable discharge to surface water and monitoring will be conducted to confirm that affected groundwater remains in the original area of contamination.
- **Groundwater migration control? No** – All information on known and reasonably expected groundwater contamination has been reviewed and that the migration of contaminated groundwater is not stabilized.
- **Groundwater migration control? Unknown** – There is not sufficient information to determine whether the migration of contaminated groundwater is stabilized.
- **No Action Required (NAR)** – Incident is minor, requiring no remedial action.
- **Excavate and Dispose (ED)** – Remove contaminated soil and dispose at approved facility.
- **Excavate and Treat (ET)** – Remove contaminated soil and treat (includes spreading or land farming).
- **Free Product Removal (FPR)** – Remove floating product from water table.
- **Treatment at Hookup (TH)** – Install water treatment devices at each dwelling or other place of use.
- **Replace Supply (RS)** – Provide alternate water supply to affected parties.
- **Other** – Other remedial actions that are not listed above.

COMMENTS: Use this space to elaborate on any aspects of the incident.

DISTRIBUTION: If this form is completed by the tank owner or his/her agent, retain a copy and forward the original to your local tank permitting agency for distribution.

- Original – Local UST permitting agency. (Agency contact information is available at <http://www.calcupa.net/services/directory/search.asp>.)
- Copy – Regional Water Quality Control Board. (Boundaries and contact information are available at http://www.waterboards.ca.gov/waterboards_map.shtml.)
- Copy – Local Oversight Program (LOP) agency. (Agency contact information is available at http://www.waterboards.ca.gov/water_issues/programs/ust/contacts/lop.shtml.)
- Copy – Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- Copy – Owner/Responsible Party.