

## 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  |  | <b>FOR LOCAL AGENCY USE ONLY</b><br>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. |                                  |                             |
| REPORT DATE   |  | CASE #   |  | SIGNED _____ DATE _____   |                                  |                             |
| REPORTED BY   | NAME OF INDIVIDUAL FILING REPORT<br><b>Yola Bayram</b>   |  | PHONE<br><b>(510) 671-2088</b>   |   | SIGNATURE<br>                    |                             |
|   | REPRESENTING<br><input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD<br><input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER   |  | COMPANY OR AGENCY NAME<br><b>Applied Water Resources Corporation</b>   |   |                                  |                             |
| ADDRESS<br><b>2363 Mariner Square Drive Suite 245</b>   |  |  |  |   |                                  |                             |
|   |  | Alameda<br><small>CITY</small>   |  | CA<br><small>STATE</small>  | 94501<br><small>ZIP</small>      |                             |
| RESPONSIBLE PARTY   | NAME<br><b>The Home of Truth of Alameda, California</b> <input type="checkbox"/> Unknown   |  | CONTACT PERSON<br><b>Rita Reneaux</b>  |   | PHONE<br><b>(510) 377-7811</b>   |                             |
|   | ADDRESS<br><b>1300 Grand Ave</b>   |  | Alameda<br><small>CITY</small>   |   | CA<br><small>STATE</small>       | 94501<br><small>ZIP</small> |
| SITE LOCATION   | FACILITY NAME (IF APPLICABLE)<br><b>The Home of Truth</b>  |  | OPERATOR<br><b>The Home of Truth</b>   |   | PHONE<br><b>(510) 522-3366</b>   |                             |
|   | ADDRESS<br><b>1300 Grand Ave</b>   |  | Alameda<br><small>CITY</small>   |   | Alameda<br><small>COUNTY</small> | 94501<br><small>ZIP</small> |
|   | CROSS STREET<br><b>Alameda Ave</b>   |  |  |   |                                  |                             |
| IMPLEMENTING AGENCIES   | LOCAL AGENCY    AGENCY NAME<br><b>Alameda County Environmental Health</b>  |  |  | PHONE<br><b>(510) 567-6700</b>  |                                  |                             |
|   | REGIONAL BOARD<br><b>San Francisco Regional Water Quality Control Board</b>  |  |  | PHONE<br><b>(510) 622-2300</b>  |                                  |                             |
| SUBSTANCES INVOLVED   | (1)    NAME    QUANTITY LOST (GALLONS)<br><b>Heating Oil (?); TPH range of C12-C22, 41,400 µg/L</b>  |  | <input checked="" type="checkbox"/> Unknown  |   |                                  |                             |
|   | (2)  |  | <input type="checkbox"/> Unknown   |   |                                  |                             |
| DISCOVERY/ABATEMENT   | DATE DISCOVERED<br><b>3/1/2017</b>   | HOW DISCOVERED <input type="checkbox"/> Tank Test <input type="checkbox"/> Tank Removal <input checked="" type="checkbox"/> Nuisance Conditions<br><input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Other  |  |   |                                  |                             |
|   | DATE DISCHARGE BEGAN<br><input checked="" type="checkbox"/> UNKNOWN  |  | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input type="checkbox"/> Remove Contents <input type="checkbox"/> Close Tank<br><input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure<br><input type="checkbox"/> Replace Tank <input type="checkbox"/> Other<br><input type="checkbox"/> Repair Piping |   |                                  |                             |
|   | HAS DISCHARGE BEEN STOPPED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF YES, DATE   |  |  |   |                                  |                             |
| SOURCE/ CAUSE   | SOURCE OF DISCHARGE<br><input checked="" type="checkbox"/> Tank Leak <input checked="" type="checkbox"/> Piping Leak <input type="checkbox"/> Unknown <input type="checkbox"/> Other   |  | CAUSE(S)<br><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  |   |                                  |                             |
|   | CHECK ONE ONLY<br><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<br><input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary)<br><input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization<br><input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress<br><input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway<br><input type="checkbox"/> Preliminary Site Assessment Underway |  |  |   |                                  |                             |
|   | REMEDIAL ACTION  | CHECK APPROPRIATE ACTION(S)<br><input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment At Hookup (HU) <input type="checkbox"/> Other<br><input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT)<br><input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS)<br><input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS) |  |   |                                  |                             |
| COMMENTS<br><b>750 or 1,000 gallon UST is beneath the sidewalk. Product piping leads to basement. Vent pipe on side of building. Ground water rose into basement and contains an oil sheen. See attached map.</b> |  |  |  |   |                                  |                             |