UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT		
EMERGENCY HAS STATE OFFICE OF EMERGENCY SERVICES FOR LOCAL AGENCY USE ONLY REPORT BEEN FILED? THEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE		
	REPORT BEEN FILED? Yes No ORT DATE CASE #	REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE,
04/	25/2015 RO0003166, T10000007122	Sy .
	NAME OF INDIVIDUAL FILING REPORT PHONE	SIGNATURE / DATE
_		15-5590 /Wunk/ali
ED BY	REPRESENTING LOCAL AGENCY REGIONAL BOARD	COMPANY OR AGENCY NAME
REPORTED	☑ OWNER/OPERATOR ☐ OTHER	
REP	ADDRESS 3835 Cypress Drive., #205 Petalum:	a CA 94954
	STREET	CITY STATE ZIP
BLE	619 South 33rd LLC	CONTACT PERSON PHONE Mark Skolnick (415)215-5590
RESPONSIBLE PARTY	ADDRESS 3835 Cypress Drive., #205 Petaluma	CA 94954
RESP		CITY STATE ZIP
	STREET FACILITY NAME (IF APPLICABLE)	OPERATOR PHONE
NO NO		619 south 33rd LLC (415) 215-5590
SITE LOCATION	ADDRESS 1759 Seminary Ave., Oaklan	d Alameda 94621
TELO	STREET	CITY COUNTY ZIP
IS IS	CROSS STREET Bromley	
	LOCAL AGENCY AGENCY NAME	PHONE
IMPLEMENTING AGENCIES	Alameda County Health Care Svc. Agnecy / Dept. of Env. Hela	ath/Local Oversight for Haz. Mat. Releases (510) 567-6700
	REGIONAL BOARD	PHONE
IMPL		
	(1) NAME	QUANTITY LOST (GALLONS)
CES	see attached report	Unknown
SUBSTANCES	(2)	
SUB		Unknown
눌	DATE DISCOVERED HOW DISCOVERED Tank	Test X Tank Removal Nuisance Conditions
TEME		tory Control Subsurface Monitoring Other METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)
DISCOVERY/ABATEMENT	DATE DISCHARGE BEGAN	X Remove Contents Close Tank
	X UNKNOWN	Repair Tank Change Procedure
SCO	HAS DISCHARGE BEEN STOPPED? tank and contents were tank and contents were	Replace Tank X Other removed tank
	SOURCE OF DISCHARGE removed 1/28-1/30 2015 CAUSE(S	Repair Piping a hole was observed in the bottom of tank
SOURCE		fill ☐ Corrosion ☐ Rupture/Failure ☒ Unknown ☐ Spill ☐ Other
S C		- Contosion - Napidion diato - Common - Copin - Common
ASE	CHECK ONE ONLY CHECK ONE ONLY CHECK ONE ONLY Soil Only Groundwater Drinking Water – (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFE	
0 -		GI - (OFICIA ONLT IF WATER WELLOTIAVE ACTORIES BEEN AT COTES)
CURRENT	CHECK ONE ONLY ☐ No Action Taken	Case Closed (Cleanup Completed or Unnecessary)
	☐ Leak Being Confirmed ☐ Pollution Characterization ☐ Post Cleanup Monitoring in Progress	
3.2	Preliminary Site Assessment Workplan Submitted Cleanup Underway	
Preliminary Site Assessment Underway CHECK APPROPRIATE ACTION(S)		
DIAL		☐ Treatment At Hookup (HU) ☐ Other
REMEDIAL	☐ Contamination Barrier (CB) ☐ No Action Required (NA) ☐ Enhanced Bio Degradation (IT) ☐ Vacuum Extract (VE) ☐ Remove Free Product (FP) ☐ Replace Supply (RS)	
-	X Excavate & Dispose (ED) Pump & Treat Groundwater (G	
Tank contents were extracted, surrounding soil (clay) removed, and some was used, as directed, as backfill, and new soil was added, site was capped with cement (site is in middle of sidewalk in driveway, bordered by the driveway, a yard and the street)		
I Z	site was capped with cement (site is in middle of sidewalk in dri	veway, bordered by the driveway, a yard and the street)
Σ	one capped and capped	