

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

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| EMERGENCY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> Yes <input 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<br>2/4/2016  |   | CASE #<br>RO0003210  |   | SIGNED _____ DATE _____   |  |
| REPORTED BY  | NAME OF INDIVIDUAL FILING REPORT<br><b>Seth Bland</b>   |  | PHONE<br><b>(408) 551-4600</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>Federal Realty Investment Trust</b>  |   |  |
|  | ADDRESS<br><b>356 Santana Row, Suite 1005</b> <span style="float: right;"><b>San Jose</b> <b>CA</b> <b>95128</b></span>   |  |   |   |  |
| RESPONSIBLE PARTY  | NAME<br><b>East Bay Bridge Center c/o Federal Realty Investment Trust</b> <input type="checkbox"/> Unknown  |  | CONTACT PERSON<br><b>Seth Bland</b>   | PHONE<br><b>(408) 551-4600</b>  |  |
|  | ADDRESS<br><b>356 Santana Row, Suite 1005</b> <span style="float: right;"><b>San Jose</b> <b>CA</b> <b>95128</b></span>   |  |   |   |  |
| SITE LOCATION  | FACILITY NAME (IF APPLICABLE)<br><b>Emery Street</b>  |  | OPERATOR<br><b>Federal Realty Investment Trust</b>  | PHONE<br><b>(408) 551-4600</b>  |  |
|  | ADDRESS<br><b>3839 Emery Street</b> <span style="float: right;"><b>Emeryville</b> <b>Alameda</b> <b>94608</b></span>  |  |   |   |  |
|  | CROSS STREET<br><b>40th Street</b>  |  |   |   |  |
| IMPLEMENTING AGENCIES  | LOCAL AGENCY AGENCY NAME<br><b>Alameda County Health Care Services; Department of Environmental Health; Local Oversight Program (LOP) for Hazardous Materials Releases</b>  |  |   | PHONE<br><b>(510) 567-6700</b>  |  |
|  | REGIONAL BOARD<br><b>San Francisco Bay RWQCB (Region 2)</b>   |  |   | PHONE<br><b>(510) 622-2342</b>  |  |
| SUBSTANCES INVOLVED  | (1) NAME<br><b>Diesel</b>   |  | QUANTITY LOST (GALLONS)<br><input checked="" type="checkbox"/> Unknown  |   |  |
|  | (2) NAME<br><b>Heating Oil / Fuel Oil</b>   |  | <input checked="" type="checkbox"/> Unknown   |   |  |
| DISCOVERY/ABATEMENT  | DATE DISCOVERED<br><b>9/2/2015</b>  | HOW DISCOVERED<br><input type="checkbox"/> Tank Test <input type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions<br><input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input checked="" type="checkbox"/> Other <b>Excavation</b>   |   |   |  |
|  | DATE DISCHARGE BEGAN  | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank<br><input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure<br><input type="checkbox"/> Replace Tank <input checked="" type="checkbox"/> Other <b>Remove Tank</b><br><input type="checkbox"/> Repair Piping |   |   |  |
|  | HAS DISCHARGE BEEN STOPPED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <b>9/1/2015</b>   | <input checked="" type="checkbox"/> UNKNOWN  |   |   |  |
| SOURCE/ CAUSE  | SOURCE OF DISCHARGE<br><input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other   |  | CAUSE(S)<br><input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Spill <input checked="" type="checkbox"/> Other |   |  |
|  | CHECK ONE ONLY<br><input type="checkbox"/> Undetermined <input checked="" 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<br><input type="checkbox"/> No Action Taken <input checked="" 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  |  |   |   |  |
|  | 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 checked="" type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS) |  |   |   |  |
| COMMENTS   |   |  |   |   |  |