

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		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.	
REPORT DATE 9/16/2016		CASE #		SIGNED <i>Barbara J. Jakes</i> DATE 8/11/17	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kevin Loeb		PHONE (510) 226-9944		SIGNATURE <i>[Signature]</i>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER (Consultant)		COMPANY OR AGENCY NAME Schutze & Associates, Inc.		
	ADDRESS 44358 S. Grimmer Blvd. Fremont CA 94538 <small>STREET CITY STATE ZIP</small>				
RESPONSIBLE PARTY	NAME Irene Trimble & Alan Dimen <input type="checkbox"/> Unknown		CONTACT PERSON Irene Trimble		PHONE (253) 252-8569
	ADDRESS 1647 International Blvd. Oakland CA 94606 <small>STREET CITY STATE ZIP</small>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Warehouse		OPERATOR Alan Dimen (Owner)		PHONE (510) 206-0075
	ADDRESS 1647 International Blvd. Oakland Alameda 94606 <small>STREET CITY COUNTY ZIP</small>				
	CROSS STREET International Blvd and 17th Ave.				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Department of Environmental Health				PHONE (510) 567-6737
	REGIONAL BOARD				PHONE ()
SUBSTANCES INVOLVED	(1) NAME Stoddard solvent/gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown		
	(2)		<input type="checkbox"/> Unknown		
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/01/2016		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		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Remove Contents <input 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 08/01/2016		<input checked="" type="checkbox"/> UNKNOWN		
SOURCE/ CAUSE	SOURCE OF DISCHARGE		CAUSE(S)		
	<input checked="" type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input type="checkbox"/> Unknown <input type="checkbox"/> Other		<input type="checkbox"/> Overfill <input checked="" type="checkbox"/> Corrosion <input checked="" type="checkbox"/> Rupture/Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other		
CASE TYPE	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 type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S)				
	<input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment At Hookup (HU) <input type="checkbox"/> Other <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)				
COMMENTS	Remedial actions will be determined once a case is opened.				

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		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. <i>Barbara J. [Signature]</i> SIGNED	
REPORT DATE 9/16/2016		CASE #		8/11/17 DATE	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kevin Loeb		PHONE (510) 226-9944	SIGNATURE <i>[Signature]</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER (Consultant)		COMPANY OR AGENCY NAME Schutze & Associates, Inc.		
	ADDRESS 44358 S. Grimmer Blvd. Fremont CA 94538 <small>STREET CITY STATE ZIP</small>				
RESPONSIBLE PARTY	NAME Irene Trimble & Alan Dimen <input type="checkbox"/> Unknown		CONTACT PERSON Irene Trimble	PHONE (253) 252-8569	
	ADDRESS 1647 International Blvd. Oakland CA 94606 <small>STREET CITY STATE ZIP</small>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Warehouse		OPERATOR Alan Dimen (Owner)	PHONE (510) 206-0075	
	ADDRESS 1647 International Blvd. Oakland Alameda 94606 <small>STREET CITY COUNTY ZIP</small>				
	CROSS STREET International Blvd and 17th Ave.				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Department of Environmental Health			PHONE (510) 567-6737	
	REGIONAL BOARD PHONE ()				
SUBSTANCES INVOLVED	(1) NAME Stoddard solvent/gasoline/diesel?		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown		
	(2)		<input type="checkbox"/> Unknown		
DISCOVERY/ABATEMENT	DATE DISCOVERED 8/31/2016	HOW DISCOVERED <input type="checkbox"/> Tank Test <input type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input checked="" type="checkbox"/> Other (Test Pits)			
	DATE DISCHARGE BEGAN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Remove Contents <input type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input checked="" type="checkbox"/> Other (Removed Piping) <input type="checkbox"/> Repair Piping			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 8/31/2016	<input checked="" type="checkbox"/> UNKNOWN			
SOURCE/ CAUSE	SOURCE OF DISCHARGE		CAUSE(S)		
	<input type="checkbox"/> Tank Leak <input checked="" type="checkbox"/> Piping Leak <input type="checkbox"/> Unknown <input type="checkbox"/> Other		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input checked="" type="checkbox"/> Rupture/Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other		
CASE TYPE	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 type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S)				
	<input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment At Hookup (HU) <input type="checkbox"/> Other <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)				
COMMENTS	Remedial actions will be determined once a case is opened.				

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	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: <u>Barbara Jakob</u> DATE: <u>8/11/17</u>
REPORT DATE 4/7/2016	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kevin Loeb	PHONE (510) 226-9944	SIGNATURE
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Schutze & Associates, Inc.	
ADDRESS 44358 S. Grimmer Blvd.			
STREET		CITY Fremont	STATE ZIP CA 94538

RESPONSIBLE PARTY	NAME Irene Trimble & Alan Dimen	<input type="checkbox"/> Unknown	CONTACT PERSON Irene Trimble	PHONE (253) 404-0241
	ADDRESS 1647 International Blvd.			
STREET		CITY Oakland	STATE ZIP CA 94606	

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Warehouse	OPERATOR Alan Dimen (Owner)	PHONE (510) 206-0075	
	ADDRESS 1647 International Blvd.			
	STREET	CITY Oakland	COUNTY Alameda	ZIP 94606
CROSS STREET International Blvd and 17th Ave.				

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Department of Environmental Health	PHONE (510) 567-6737
	REGIONAL BOARD	PHONE ()

SUBSTANCES INVOLVED	(1) NAME Heating/Fuel Oil	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown
	(2)	<input type="checkbox"/> Unknown

DISCOVERY/ABATEMENT	DATE DISCOVERED 03/02/2016	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	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 4/7/2016	<input checked="" type="checkbox"/> Remove Contents <input 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	

SOURCE/ CAUSE	SOURCE OF DISCHARGE	CAUSE(S)
	<input checked="" type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input checked="" type="checkbox"/> Rupture/Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other

CASE TYPE	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)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> No Action Taken <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Preliminary Site Assessment Underway	<input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Cleanup Underway
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S)		
	<input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Excavate & Dispose (ED)	<input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Pump & Treat Groundwater (GT)	<input type="checkbox"/> Treatment At Hookup (HU) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Vent Soil (VS)

COMMENTS	
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