

rev'd 1-24-97 H. Co.

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

<b>EMERGENCY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
<b>REPORT DATE</b> 1 <u>M</u> 2 <u>M</u> 2 <u>D</u> 4 <u>D</u> 9 <u>Y</u> 6 <u>Y</u>		<b>CASE #</b> 2-397		SIGNED: <u>Eberle</u> DATE:		
<b>REPORTED BY</b>	<b>NAME OF INDIVIDUAL FILING REPORT</b> Eileen Eisenberg		<b>PHONE</b> (415) 512-1555		<b>SIGNATURE</b> <u>Eileen Eisenberg</u>	
	<b>REPRESENTING</b> <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		<b>COMPANY OR AGENCY NAME</b> Golden Gate Tank Removal	
	<b>ADDRESS</b> 255 Shipley Street, San Francisco, CA 94107					
<b>RESPONSIBLE PARTY</b>	<b>NAME</b> Oakland Unified School Dist.		<b>CONTACT PERSON</b> Tadash Nakadegawa		<b>PHONE</b> (510) 879-8385	
	<b>ADDRESS</b> 955 High / Street, Oakland, CA 94601					
<b>SITE LOCATION</b>	<b>FACILITY NAME (IF APPLICABLE)</b>		<b>OPERATOR</b>		<b>PHONE</b> ( )	
	<b>ADDRESS</b> 2607 Myrtle Street, Oakland, CA 94601					
	<b>CROSS STREET</b> 26th Street					
<b>IMPLEMENTING AGENCIES</b>	<b>LOCAL AGENCY</b> Alameda Co. Health, Oak. Fire		<b>AGENCY NAME</b>		<b>CONTACT PERSON</b> Jennifer Eberle	
	<b>REGIONAL BOARD</b>				<b>PHONE</b> (510) 567-6700	
<b>SUBSTANCES INVOLVED</b>	(1) <b>NAME</b> Heating Oil		<b>QUANTITY LOST (GALLONS)</b> <input type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
<b>DISCOVERY/ABATEMENT</b>	<b>DATE DISCOVERED</b> 1 <u>M</u> 2 <u>M</u> 2 <u>D</u> 4 <u>D</u> 9 <u>Y</u> 6 <u>Y</u>		<b>HOW DISCOVERED</b> <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____			
	<b>DATE DISCHARGE BEGAN</b> <input checked="" type="checkbox"/> UNKNOWN		<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____			
	<b>HAS DISCHARGE BEEN STOPPED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 <u>M</u> 2 <u>M</u> 2 <u>D</u> 4 <u>D</u> 9 <u>Y</u> 6 <u>Y</u>					
<b>SOURCE/ CAUSE</b>	<b>SOURCE OF DISCHARGE</b> <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		<b>CAUSE(S)</b> <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____			
	<b>CASE TYPE</b> CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
<b>CURRENT STATUS</b>	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	<b>REMEDIAL ACTION</b> CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) _____					
<b>COMMENTS</b>	diesel fuel floating in gw in pit during tank removal.					
	(Empty space for additional comments)					