

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 0 3 0 6 0 6 <small>M M D D Y Y</small>		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Matthew Ryder-Smith		PHONE (510) 307-9943		SIGNATURE 	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Clearwater Group			
	ADDRESS 229 Tewksbury Ave. Point Richmond CA 94801 <small>STREET CITY STATE ZIP</small>					
RESPONSIBLE PARTY	NAME Cardanal Partners, LLC <input type="checkbox"/> UNKNOWN		CONTACT PERSON Malcolm Leader-Picone		PHONE (510) 444-2404 x 24	
	ADDRESS 625 3 rd Street <small>STREET</small>		Oakland <small>CITY</small>		CA 94607 <small>STATE ZIP</small>	
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Markus Supply Ace Hardware		OPERATOR Markus Supply Ace Hardware		PHONE ()	
	ADDRESS 626 2nd Street <small>STREET</small>		Oakland Alameda <small>CITY COUNTY</small>		94607 <small>ZIP</small>	
	CROSS STREET Martin Luther King Jr. Way					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME City of Oakland, Hazardous Materials Unit		CONTACT PERSON Leroy Griffin		PHONE (510) 238-3938	
	REGIONAL BOARD				PHONE ()	
SUBSTANCES INVOLVED	(1) NAME		QUANTITY LOST (GALLONS)			
	TPH-g <input checked="" type="checkbox"/> UNKNOWN					
(2)						
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 9 1 3 9 6 <small>M M D D Y Y</small>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER Preliminary soil/groundwater assessment.			
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER none			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DATE					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <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			
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUND WATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" 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 type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUND WATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				