

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		CASE #		SIGNED <i>Barney Chan</i> DATE 3-8-10	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Markus Niebanck		PHONE (510) 596-4356		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 City of Emeryville		
	ADDRESS 1333 Park Avenue Emeryville CA 94608 <small style="display: block; text-align: center;">STREET CITY STATE ZIP</small>				
RESPONSIBLE PARTY	NAME Pellegrini Refridge & Rest Equip Co <input type="checkbox"/> Unknown		CONTACT PERSON Pennie Barger		PHONE (510) 653-9850
	ADDRESS 1550 Park Avenue Emeryville CA 94608 <small style="display: block; text-align: center;">STREET CITY STATE ZIP</small>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Same as above		OPERATOR		PHONE ()
	ADDRESS Same as above				
	CROSS STREET <small style="float: right;">STREET CITY COUNTY ZIP</small>				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Environmental Health - Barney Chan				PHONE (510) 567-6765
	REGIONAL BOARD				PHONE ()
SUBSTANCES INVOLVED	(1) NAME Heating Oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown		
	(2)		<input type="checkbox"/> Unknown		
DISCOVERY/ABATEMENT	DATE DISCOVERED 2/8/2010		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 <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> Remove Contents <input checked="" 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 type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other		CAUSE(S) <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other		
	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 checked="" 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				
	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 checked="" 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	COMMENTS				