

# 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 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>Annette Chen</i> <span style="float: right;">5/31/13</span>
REPORT DATE 3/19/13	CASE #	SIGNED <span style="float: right;">DATE</span>

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Annette Chen</b>	PHONE (415) 512-1555	SIGNATURE <i>Annette Chen</i>	DATE 5/31/13
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER... contractor	COMPANY OR AGENCY NAME Golden Gate Tank Removal, Inc.		
ADDRESS 1455 Yosemite Ave. San Francisco CA 94124				

RESPONSIBLE PARTY	NAME <b>Jeffrey Jung</b> <input type="checkbox"/> Unknown	PHONE 650-574-3773
	ADDRESS 109 Shooting Star Isle Foster City CA 94404	

SITE LOCATION	FACILITY NAME (IF APPLICABLE) 640 Brooklyn Ave.	OPERATOR	PHONE
	ADDRESS 640 Brooklyn Ave. Oakland Alameda 94606		
	CROSS STREET Haddon Rd		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME City of Oakland Fire Department -Sheryl Skillern	PHONE (510)238-7253
	REGIONAL BOARD	PHONE

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 2/19/13	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"/> Unknown <input checked="" type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank & Removed <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 2/19/13 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...
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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 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
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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 checked="" type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)
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COMMENTS  
Significant soil contamination was visible. Holes found in the tank.