



**Oakland Fire Department / Fire Prevention Bureau  
 Certified Unified Program Agency (CUPA)**

250 Frank Ogawa Plaza, Suite 3341  
 Phone: (510)238-3927 Fax: (510) 238- 6739  
 Website: www.oaklandnet.com

**Hazardous Materials Program**

**Request for Agency Oversight UST/SLIC Site**

**AGENCY OVERSIGHT INFORMATION**

<b>Inspector</b>	SHERYL SKILLERN
<b>Date</b>	9/16/14
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
<b>Attention</b>	JERRY WICKHAM LOP/SLIC Program Manager

**SECTION 1  
APPLICANT / PRIMARY CONTACT INFORMATION:**

<b><u>Applicant Name:</u></b>	HUNG REVOCABLE TRUST
<b><u>Point of Contact Name:</u></b>	BOB HUNG, P.O. BOX 616 BERKELEY, CA 94701
<b><u>E-mail Address:</u></b>	
<b><u>Phone:</u></b>	(510) 548-5960
<b><u>Contractor/Consultant Firm Information</u></b>	<b><u>Firm Name:</u></b> ADVANCED FUEL SERVICES, INC  <b><u>Point of Contact Name:</u></b> JIM RUBLE  <b><u>E-mail address:</u></b> <b><u>Phone:</u></b> <sup>408</sup> (510) 683-4537  <b><u>Address, City County, Zip</u></b> P.O. BOX 1346 MORO BAY, CA 93404
<b><u>Oversight Agency</u></b>	CITY OF OAKLAND FIRE DEPARTMENT



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Primary Point of Contact for this Site:	Current Owner Yes <input type="checkbox"/> No <input type="checkbox"/> Operator Yes <input type="checkbox"/> No <input type="checkbox"/> Developer Yes <input type="checkbox"/> No <input type="checkbox"/> Owner Representative Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**SITE INFORMATION**

**Underground Storage Tank**

USTs removed? Date removed: <u>7/10/14</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Were contents in the tank prior to removal? Contents (check): gasoline <input checked="" type="checkbox"/> diesel <input type="checkbox"/> waste oil <input type="checkbox"/> heating oil <input checked="" type="checkbox"/> Solvents <input type="checkbox"/> kerosene <input type="checkbox"/> stoddard solvent <input type="checkbox"/> other (specify) <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Observations of system (holes, leaks)? Describe; Tank rusted, hole observed at the bottom of tank.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Observed contamination (free product, smell, soil/water discoloration)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) <u>TPH</u> Concentration <u>200</u> ppb <u>BENZENE CONC 97 ppb</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Unauthorized Release Form filed? Date:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Future intended use if known? Specify: Residential <u>DON'T KNOW</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>