

# 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	<b>FOR LOCAL AGENCY USE ONLY</b> 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 CARE CODE. <b>RECEIVED</b> By Alameda County Environmental Health 8:45 am, Feb 28, 2017 SIGNED _____ DATE _____
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REPORT DATE <b>1/26/16</b>	CASE #
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Gina Wee</b>	PHONE <b>(415) 512-1555</b>	SIGNATURE 
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REPORTED BY	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 <b>Golden Gate Tank Removal, Inc.</b>
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REPORTED BY	ADDRESS <b>1480 Carroll Avenue</b>	CITY <b>San Francisco</b>	STATE <b>CA</b>	ZIP <b>94124</b>
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RESPONSIBLE PARTY	NAME <b>378 Grand Avenue, LLC</b> <input type="checkbox"/> Unknown	PHONE <b>510-540-5982</b>
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RESPONSIBLE PARTY	ADDRESS <b>2295 San Pablo Avenue</b>	CITY <b>Berkeley</b>	STATE <b>CA</b>	ZIP <b>94702</b>
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SITE LOCATION	FACILITY NAME (IF APPLICABLE)	OPERATOR	PHONE
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SITE LOCATION	ADDRESS <b>378 Grand Avenue</b>	CITY <b>Oakland</b>	COUNTY <b>Alameda</b>	ZIP <b>94610</b>
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SITE LOCATION	CROSS STREET <b>Staten Avenue</b>
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IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <b>Alameda County Environmental Health</b>	PHONE <b>510-567-6737</b>
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IMPLEMENTING AGENCIES	REGIONAL BOARD	PHONE
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SUBSTANCES INVOLVED	(1) NAME <b>Diesel</b>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown
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SUBSTANCES INVOLVED	(2)	QUANTITY LOST (GALLONS) <input type="checkbox"/> Unknown
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DISCOVERY/ABATEMENT	DATE DISCOVERED <b>1/26/16</b>	HOW DISCOVERED <input type="checkbox"/> Tank Test <input type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input checked="" type="checkbox"/> Other... <b>Tank Cleaning</b>
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DISCOVERY/ABATEMENT	DATE DISCHARGE BEGAN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Remove Contents <input 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
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DISCOVERY/ABATEMENT	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>01/26/16</b> IF YES, DATE	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other... <input type="checkbox"/> Repair Piping
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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 type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other...
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> Undetermined <input checked="" 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 type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input checked="" 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 checked="" type="checkbox"/> Other... <b>Dispose</b> <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 type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)
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COMMENTS	<b>Holes found in the tank</b>
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