

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.
REPORT DATE 6/12/2017	CASE #	SIGNED: <i>Barbara Jakub</i> DATE: 11/17/17

-REPORTED BY-	NAME OF INDIVIDUAL FILING REPORT Annette Chen	PHONE (415) 512-1555	SIGNATURE <i>[Signature]</i>	
	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: **1480 Carroll Avenue** STREET **San Francisco** CITY **CA** STATE **94124** ZIP

RESPONSIBLE PARTY	NAME Anthony Digenova Trust Agreement <input type="checkbox"/> Unknown	PHONE 415-221-2032
	ADDRESS 4330 California St STREET San Francisco CITY CA STATE 94118 ZIP	

SITE LOCATION	FACILITY NAME (IF APPLICABLE)	OPERATOR	PHONE
	ADDRESS 77 Glen Avenue STREET Oakland CITY Alameda COUNTY 94611 ZIP		
	CROSS STREET 41st Street		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Environmental Health Barbara Jakub	PHONE 510-567-6737
	REGIONAL BOARD	

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 6/9/17	HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input checked="" type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Other...
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> Unknown	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6/9/17 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...
--------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CASE TYPE
 Undetermined Soil Only Groundwater Drinking Water - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS
 CHECK ONE ONLY
 No Action Taken Case Closed (Cleanup Completed or Unnecessary)
 Leak Being Confirmed Pollution Characterization
 Remediation Plan Post Cleanup Monitoring in Progress
 Preliminary Site Assessment Workplan Submitted Cleanup Underway
 Preliminary Site Assessment Underway

REMEDIAL ACTION
 CHECK APPROPRIATE ACTION(S)
 Cap Site (CD) Excavate & Treat (ET) Treatment at Hookup (HU) Other...
 Contamination Barrier (CB) No Action Required (NA) Enhanced Bio Degradation (IT)
 Vacuum Extract (VE) Remove Free Product (FP) Replace Supply (RS)
 Excavate & Dispose (ED) Pump & Treat Groundwater (GT) Vent Soil (VS)

COMMENTS
Holes found in the tank.