

UNDERGROUND STORAGE TANK (UST) SITE - UNAUTHORIZED RELEASE / CONTAMINATION REPORT

EMERGENCY <input type="checkbox"/> Yes <input 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. SIGNED _____ DATE _____				
REPORT DATE		CASE #						
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT		PHONE ()		SIGNATURE			
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME					
	ADDRESS							
		STREET		CITY		STATE	ZIP	
RESPONSIBLE PARTY	NAME		CONTACT PERSON		PHONE ()			
			<input type="checkbox"/> Unknown					
		ADDRESS						
		STREET		CITY		STATE	ZIP	
SITE LOCATION	FACILITY NAME (IF APPLICABLE)			OPERATOR		PHONE ()		
	ADDRESS							
			STREET		CITY		COUNTY	ZIP
		CROSS STREET						
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME			PHONE ()				
	REGIONAL BOARD			PHONE ()				
SUBSTANCES INVOLVED	(1) NAME			QUANTITY LOST (GALLONS)				
				<input type="checkbox"/> Unknown				
		(2)			<input type="checkbox"/> Unknown			
DISCOVERY/ABATEMENT	DATE DISCOVERED		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 type="checkbox"/> Other					
	DATE DISCHARGE BEGAN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)					
		<input type="checkbox"/> Unknown		<input type="checkbox"/> Remove Contents <input 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			CAUSE(S)				
	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Dispenser <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Submersible Turbine Pump (STP) <input type="checkbox"/> Other			<input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Physical/Mechanical Damage <input type="checkbox"/> Corrosion <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Other				
CASE TYPE	CHECK ONE ONLY							
	<input 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 type="checkbox"/> Open - Site Assessment <input type="checkbox"/> Open - Assessment & Interim Remedial Action <input type="checkbox"/> Open - Remediation			<input type="checkbox"/> Open - Verification Monitoring <input type="checkbox"/> Open - Inactive <input type="checkbox"/> Closed – No Further Action Required				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S)							
	Human health exposure control? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Groundwater migration control? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> No Action Required (NAR) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment at Hookup (TH) <input type="checkbox"/> Other <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Free Product Removal (FPR) <input type="checkbox"/> Replace Supply (RS)							
COMMENTS								

Instructions for Completing UST Unauthorized Release (Leak) / Contamination Site Report

EMERGENCY: Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES). Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY USE ONLY: To avoid duplicate notifications pursuant to Health and safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY: Enter name, telephone number, and address. Indicate which party you represent and provide company or agency name.

SIGNATURE: Sign the form in the space provided.

RESPONSIBLE PARTY: Enter the name, telephone number, contact person, and address of the party responsible for the leak. The Responsible Party would normally be the tank owner.

SITE LOCATION: Enter information regarding the tank facility. At a minimum, you must provide the facility name and full site address.

IMPLEMENTING AGENCIES: Enter the names of the local agency and Regional Water Quality Control Board having jurisdiction over the site.

SUBSTANCES INVOLVED: Enter the name and quantity lost of the hazardous substance(s) involved. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT: Provide information regarding the discovery and abatement of the leak.

SOURCE: Indicate the source(s) of the leak. Check source(s) that apply.

CAUSE: Check box(es) that apply. Only use "other" when the release source is known, but does not fit into any of the other categories. For example releases from vent and vapor recovery lines.

CASE TYPE: Check one box only. Indicate the Case Type category for this leak. Case Type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, Case Type will be "Groundwater." Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Groundwater" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that Case Type may change upon further investigation.

CURRENT STATUS: Check one box only. Indicate the category which best describes the Current Status of the case. The response should be relative to the Case Type. For example, if the Case Type is "Groundwater," then Current Status should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options are as follows:

- **Open- Site Assessment** – An investigation to determine whether groundwater and/or soil have/has been, or will be, impacted as a result of the release.
- **Open- Assessment & Interim Remedial Action** – An investigation to determine whether groundwater and/or soil have/has been, or will be, impacted as a result of the release and appropriate actions to prevent or address an immediate threat to human health or the environment.
- **Open- Remediation** – Remedial activities to prevent or address a threat to human health or the environment as a result of the release.
- **Open- Verification Monitoring** – Periodic groundwater or other monitoring at the site to verify and/or evaluate the effectiveness of remedial activities.
- **Open- Inactive** – No activities have been implemented to determine whether groundwater and/or soil were/was impacted by the release.
- **Closed- No Further Action Required** – Regional Water Quality Control Board and local agency Local Oversight Program agree that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

REMEDIAL ACTION: Indicate which actions have been used to clean up or remediate the leak. Descriptions of options are as follows:

- **Human health exposure control? Yes** – Assessments for human exposures indicate there are no unacceptable human exposure pathways and the Regional Water Quality Control Board or other regulatory agency staff has determined the site is under control for current conditions.
- **Human health exposure control? No** – Data indicate that there are complete human exposure pathways that present unacceptable exposures to humans, and actions have yet to be completed to address these human exposure pathways for the entire site.
- **Human health exposure control? Unknown** – There is not sufficient information to determine whether there are any current, complete unacceptable human exposure pathways at the site.
- **Groundwater migration control? Yes** – All information on known and reasonably expected groundwater contamination has been reviewed and that the migration of contaminated groundwater is stabilized and there is no unacceptable discharge to surface water and monitoring will be conducted to confirm that affected groundwater remains in the original area of contamination.
- **Groundwater migration control? No** – All information on known and reasonably expected groundwater contamination has been reviewed and that the migration of contaminated groundwater is not stabilized.
- **Groundwater migration control? Unknown** – There is not sufficient information to determine whether the migration of contaminated groundwater is stabilized.
- **No Action Required (NAR)** – Incident is minor, requiring no remedial action.
- **Excavate and Dispose (ED)** – Remove contaminated soil and dispose at approved facility.
- **Excavate and Treat (ET)** – Remove contaminated soil and treat (includes spreading or land farming).
- **Free Product Removal (FPR)** – Remove floating product from water table.
- **Treatment at Hookup (TH)** – Install water treatment devices at each dwelling or other place of use.
- **Replace Supply (RS)** – Provide alternate water supply to affected parties.
- **Other** – Other remedial actions that are not listed above.

COMMENTS: Use this space to elaborate on any aspects of the incident.

DISTRIBUTION: If this form is completed by the tank owner or his/her agent, retain a copy and forward the original to your local tank permitting agency for distribution.

- Original – Local UST permitting agency. (Agency contact information is available at <http://www.calcupa.net/services/directory/search.asp>.)
- Copy – Regional Water Quality Control Board. (Boundaries and contact information are available at http://www.waterboards.ca.gov/waterboards_map.shtml.)
- Copy – Local Oversight Program (LOP) agency. (Agency contact information is available at http://www.waterboards.ca.gov/water_issues/programs/ust/contacts/lop.shtml.)
- Copy – Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- Copy – Owner/Responsible Party.