UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT						
EMERGENCY HAS STATE OFFICE OF EMERGENCY SERVICES □ Yes □ No REPORT BEEN FILED? □ Yes □ No				FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE		
☐ Yes ☐ No REPORT BEEN FILED? ☐ Yes ☐ No REPORT DATE ☐ CASE #			REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.			
	NAME OF INDIVIDUAL FILING REPORT		PHONE	SIGNED	SIGNATURE	DATE
REPORTED BY			()			
	REPRESENTING ☐ LOCAL AGENCY ☐ REGIONAL BOARD			COMPANY OR A	GENCY NAME	
	☐ OWNER/OPERATOR ☐ OTHER ADDRESS					
	STREET NAME			CITY CONTACT PERSO	ON	STATE ZIP PHONE
RESPONSIBLE PARTY	☐ Unknown				-	()
	ADDRESS					
R	STREET			CITY		STATE ZIP
SITE LOCATION	FACILITY NAME (IF APPLICABLE)			OPERATOR		PHONE (
	ADDRESS					
	STREET			CITY	COUNTY	ZIP
SITI	CROSS STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME PHONE					
						()
	REGIONAL BOARD PHONE					PHONE
	(1) NAME QUANTITY LOST (GALLONS)					
SUBSTANCES INVOLVED	Unknown					
	(2)					
S.≝						Unknown
DISCOVERY/ABATEMENT	DATE DISCOVERED	HOW DISCOVERED	Tank T		Tank Removal	Nuisance Conditions
	DATE DISCHARGE BEGAN		Invento	ory Control METHOD USED 1	Subsurface Monitoring OSTOP DISCHARGE (CHEC	Other K ALL THAT APPLY)
				Remove Contents Close Tank		
	HAS DISCHARGE BEEN STOPPED?			Repair Tank Change Procedure Replace Tank Other		
	YES NO IF YES, DATE Repair Piping					
SOURCE/ CAUSE	SOURCE OF DISCHARGE		CAUSE(S)			
SOU	☐ Tank Leak ☐ Piping Leak ☐ Un	known 🗌 Other	☐ Overfil	I ☐ Corrosion	☐ Rupture/Failure ☐ Unk	nown Spill Other
CASE	CHECK ONE ONLY					
	☐ Undetermined ☐ Soil Only ☐ Groundwater ☐ Drinking Water – (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY No Action Taken		ПС	ase Closed (Clear	nup Completed or Unneces	sary)
	☐ Leak Being Confirmed ☐ Pollution Characterization ☐ Post Cleanup Monitoring in Progress					
	☐ Preliminary Site Assessment Workplan Submitted ☐ Cleanup Underway					
REMEDIAL ACTION	☐ Preliminary Site Assessment Underway 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)					
ENTS						
COMMENTS						
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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.

<u>LOCAL AGENCY USE ONLY</u>: 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 <u>does not</u> 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.

<u>SUBSTANCES INVOLVED</u>: 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.

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

SOURCE/CAUSE: Indicate the source(s) of leak. Check box(es) indicating the cause(s) of leak.

<u>CASE TYPE</u>: 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.

<u>CURRENT STATUS</u>: 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:

- > No Action Taken No action has been taken by the Responsible Party beyond initial reporting of the leak.
- ➤ Leak Being Confirmed A leak is suspected at the site, but has not yet been confirmed.
- > Remediation Plan Remediation Plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
- > Preliminary Site Assessment Workplan Submitted Workplan/proposal requested of/submitted by Responsible Party to determine whether ground water has been, or will be, impacted as a result of the release.
- > Preliminary Site Assessment Underway Workplan is being implemented.
- > Case Closed Regional Water Quality Control Board and local agency Local Oversight Program (LOP) agree that no further work is necessary at the site.
- > Pollution Characterization Responsible Party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
- > Post Cleanup Monitoring in Progress Periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate the effectiveness of remedial activities.
- > Cleanup Underway Remediation Plan is being implemented.

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:

- > Cap Site Install horizontal impermeable layer to reduce rainfall infiltration.
- > Containment Barrier Install vertical dike to block horizontal movement of contaminants.
- > Excavate and Dispose Remove contaminated soil and dispose at approved site.
- > Excavate and Treat Remove contaminated soil and treat (includes spreading or land farming).
- > Remove Free Product Remove floating product from water table.
- > Pump and Treat Groundwater Generally employed to remove dissolved contaminants.
- > Enhanced Biodegradation Use of any available technology to promote bacterial decomposition of contaminants.
- > Replace Supply Provide alternate water supply to affected parties.
- > Treatment at Hookup Install water treatment devices at each dwelling or other place of use.
- > Vacuum Extract Use pumps or blowers to draw air through soil.
- > Vent Soil Bore holes in soil to allow volatilization of contaminants.
- > No Action Required Incident is minor, requiring no remedial action.

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 www.unidocs.org.)
- > Copy Regional Water Quality Control Board. (Boundaries and contact information are available at www.swrcb.ca.gov/regions.html.)
- Copy Local Oversight Program (LOP) agency. (Agency contact information is available at www.unidocs.org.)
- > Copy Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- Copy Owner/Responsible Party.