

24-Hour Release and UST Leak Reporting Form

This form should be completed and submitted to the UST Section's regional office following a known or suspected release from an underground storage tank (UST) system. This form is required to be submitted within 24 hours of discovery of a known or suspected release.

(DWM USE ONLY) Incident # _____ Risk (H,I,L,U) <u>D</u> Received On <u>7-10-01</u> Received By <u>C/HAK</u> Reported by (circle one) Phone, Fax or Report _____ Region <u>WSRO</u>	Suspected Contamination? (Y/N) _____ Confirmed GW Contamination? (Y/N) _____ Confirmed Soil Contamination? (Y/N) <u>Y</u> Free Product? (Y/N) _____ If Yes, State _____ Greatest Thickness _____	Facility ID Number _____ Date Leak Discovered <u>6-13-01</u> Comm/Non-Commercial? <u>COM</u> Reg/Non-regulated? <u>REG</u>
--	--	---

INCIDENT DESCRIPTION

Incident Name: Epyon #43998-C

Address: 4701 W. Market Street 27407 County: Duiford

City/Town: Greensboro Regional Office (circle one): Asheville, Mooresville, Fayetteville, Raleigh, Washington, Wilmington, Winston-Salem

Latitude (dd.mm.ssss): 36° 4' 10" Longitude (ddd.mm.ssss): 79° 58' 7" Confirmed by GPS? (Y/N) N

Briefly describe suspected or confirmed release: (including but not limited to: Nature and extent of release, date of release, amount of release, amount of free product present and recovery efforts, initial responses conducted, impacts to receptors)

Upon removal of USTs contaminated soil was discovered.

HOW RELEASE WAS DISCOVERED

(Check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Release Detection Equipment or Methods | <input type="checkbox"/> Visual/Odor | <input type="checkbox"/> Groundwater Contamination |
| <input checked="" type="checkbox"/> During UST Closure/Removal | <input type="checkbox"/> Water in Tank | <input type="checkbox"/> Surface Water Contamination |
| <input type="checkbox"/> Property Transfer | <input type="checkbox"/> Water Supply Well Contamination | <input type="checkbox"/> Other (specify) _____ |

SOURCE OF CONTAMINATION

Primary Source of Contamination (Check one)	Primary Contaminant Type (Check one)	Location (Check one)	Setting (Check one)
<input type="checkbox"/> Suspected UST Release <input checked="" type="checkbox"/> Confirmed UST Release (Also check one below): <input type="checkbox"/> A. Dispenser <input type="checkbox"/> B. Line Release <input type="checkbox"/> C. Tank Release <input type="checkbox"/> D. Spill/Overfill <input checked="" type="checkbox"/> E. Exact Failure Location Unknown or Multiple Failures <input type="checkbox"/> Unknown Source (Believed to be UST Source, explain in "Incident Description" above)	<input checked="" type="checkbox"/> Gasoline/Diesel/Kerosene <input type="checkbox"/> Heating Oil <input type="checkbox"/> Other Petroleum Products <input type="checkbox"/> Metals <input type="checkbox"/> Other Inorganics <input type="checkbox"/> Other Organics	<input checked="" type="checkbox"/> Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural

Ownership

1. Municipal 2. Military 3. Unknown 4. Private 5. Federal 6. County 7. State

Operation Type

1. Public Service 2. Agricultural 3. Residential 4. Education/Relig. 5. Industrial 6. Commercial 7. Mining

IMPACT ON DRINKING WATER SUPPLIES

Water Supply Wells Affected? 1. Yes 2. No 3. Unknown

Number of Water Supply Wells Affected _____

Water Supply Wells Contaminated: (Include Users Names, Addresses and Phone Numbers. Attach additional sheet if necessary)

- 1.
- 2.
- 3.

UST SYSTEM OWNER

UST Owner/Company

Lee Moore Oil Company

Point of Contact

Mr. Bob Hood

Address

1807 Douglas Drive

City

Sanford

State

NC

Zip Code

27331

Telephone Number

(919) 775-2301

UST SYSTEM OPERATOR

UST Operator/Company

Address

City

State

Zip Code

Telephone Number

LANDOWNER AT LOCATION OF UST INCIDENT

Landowner

Address

City

State

Zip Code

Telephone Number

Draw Sketch of Area (showing two major road intersections) or Attach Map

Person Reporting Incident

Andrew Waggener

Company

Marshall Miller + Assoc.

Telephone Number

(919) 786-1414

Title

Assistant Vice President

Address

5900 Triangle Drive, Raleigh NC 27617

Date

July 10, 2001

IMPACT ON DRINKING WATER SUPPLIES

Water Supply Wells Affected? 1. Yes 2. No 3. Unknown

Number of Water Supply Wells Affected _____

Water Supply Wells Contaminated: (Include Users Names, Addresses and Phone Numbers. Attach additional sheet if necessary)

- 1.
- 2.
- 3.

UST SYSTEM OWNER

UST Owner/Company

Lee Moore Oil Company

Point of Contact

Mr. Bob Hood

Address

1807 Douglas Drive

City

Sanford

State

NC

Zip Code

27331

Telephone Number

(919) 775-2301

UST SYSTEM OPERATOR

UST Operator/Company

Address

City

State

Zip Code

Telephone Number

LANDOWNER AT LOCATION OF UST INCIDENT

Landowner

Address

City

State

Zip Code

Telephone Number

Draw Sketch of Area (showing two major road intersections) or Attach Map

Person Reporting Incident

Andrew Waggener

Company

Marshall Miller + Assoc.

Telephone Number

(919) 786-1414

Title

Assistant Vice President

Address

5900 Triangle Drive, Raleigh NC 27617

Date

July 10, 2001

24-Hour Release and UST Leak Reporting Form

This form should be completed and submitted to the UST Section's regional office following a known or suspected release from an underground storage tank (UST) system. This form is required to be submitted within 24 hours of discovery of a known or suspected release.

(DWM USE ONLY) Incident # _____ Risk (H,I,L,U) <u>U</u> Received On <u>7-10-01</u> Received By <u>CMW</u> Reported by (circle one) Phone, Fax or Report Region <u>WSRO</u>	Suspected Contamination? (Y/N) _____ Confirmed GW Contamination? (Y/N) _____ Confirmed Soil Contamination? (Y/N) <u>Y</u> Free Product? (Y/N) _____ If Yes, State Greatest Thickness _____	Facility ID Number _____ Date Leak Discovered <u>6-13-01</u> Comm/Non-Commercial? <u>COM</u> Reg/Non-regulated? <u>REG</u>
--	--	---

INCIDENT DESCRIPTION

Incident Name: Epson # 43998-C

Address: 4701 W. Market Street 27407 County: Guilford

City/Town: Greensboro Regional Office (circle one): Asheville, Mooresville, Fayetteville, Raleigh, Washington, Wilmington, Winston-Salem

Latitude (dd.mm.ssss): 36° 4' 10" Longitude (ddd.mm.ssss): 79° 58' 7" Confirmed by GPS? (Y/N) N

Briefly describe suspected or confirmed release: (including but not limited to: Nature and extent of release, date of release, amount of release, amount of free product present and recovery efforts, initial responses conducted, impacts to receptors)

Upon removal of USTs contaminated soil was discovered.

HOW RELEASE WAS DISCOVERED

(Check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Release Detection Equipment or Methods | <input type="checkbox"/> Visual/Odor | <input type="checkbox"/> Groundwater Contamination |
| <input checked="" type="checkbox"/> During UST Closure/Removal | <input type="checkbox"/> Water in Tank | <input type="checkbox"/> Surface Water Contamination |
| <input type="checkbox"/> Property Transfer | <input type="checkbox"/> Water Supply Well Contamination | <input type="checkbox"/> Other (specify) _____ |

SOURCE OF CONTAMINATION

Primary Source of Contamination (Check one)	Primary Contaminant Type (Check one)	Location (Check one)	Setting (Check one)
<input type="checkbox"/> Suspected UST Release <input checked="" type="checkbox"/> Confirmed UST Release (Also check one below): <input type="checkbox"/> A. Dispenser <input type="checkbox"/> B. Line Release <input type="checkbox"/> C. Tank Release <input type="checkbox"/> D. Spill/Overfill <input checked="" type="checkbox"/> E. Exact Failure Location Unknown or Multiple Failures <input type="checkbox"/> Unknown Source (Believed to be UST Source, explain in "Incident Description" above)	<input checked="" type="checkbox"/> Gasoline/Diesel/Kerosene <input type="checkbox"/> Heating Oil <input type="checkbox"/> Other Petroleum Products <input type="checkbox"/> Metals <input type="checkbox"/> Other Inorganics <input type="checkbox"/> Other Organics	<input checked="" type="checkbox"/> Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural

Ownership
 1. Municipal 2. Military 3. Unknown 4. Private 5. Federal 6. County 7. State

Operation Type
 1. Public Service 2. Agricultural 3. Residential 4. Education/Relig. 5. Industrial 6. Commercial 7. Mining