POLLUTION INCIDENT/U.S.T. LEAK REPORTING FORM

Department of Environment, Health, Natural Resources
Division of Environmental Management
GROUNDWATER SECTION

Confirm GW Contamination (Y/N) ____
Major Soil Contamination (Y/N) ____
Minor Soil Contamination (Y/N) Y

Incident # ____

Date Incident Occurred or Leak Detected 1-14-93

INCIDENT DESCRIPTION

Incident Location/Name NORTH STATE TELEPHONE

Address 500 N. HAMILTON STREET

City/Town HIGH POINT | County GUILFORD | Region WINSTON-SALEM

Briefly Describe Incident UPON REMOVAL OF UST, CONTAMINATED SOIL WAS DISCOVERED.

POTENTIAL SOURCE OWNER-OPERATOR

Potential Source Owner-Operator | Telephone

Company | Street Address

City | County | State | Zip Code

OWNERSHIP
0. N/A 1. Municipal 2. Military 3. Unknown 4. Private 5. Federal 6. County 7. State

OPERATION TYPE
0. N/A 1. Public Service 2. Agricultrural 3. Residential 4. Educational/Relig. 5. Industrial 6. Commercial 7. Mining

POLLUTANTS INVOLVED

MATERIALS INVOLVED	AMOUNT LOST	AMOUNT RECOVERED

SOURCE OF POLLUTION

PRIMARY SOURCE OF POLLUTION (Select one)

1. Intentional dump
2. Pit, pond, lagoon
3. Leak-underground
4. Spray irrigation
5. Land application
6. Animal feedlot
7. Source unknown
8. Septic tank
9. Sewer line
10. Stockpile
11. Landfill
12. Spill-surface
13. Well
14. Dredge spoil
15. Nonpoint source

PRIMARY POLLUTANT TYPE (Select one)

1. Pesticide/herbicide
2. Radioactive waste
3. Gasoline/diesel
4. Heating oil
5. Other petroleum prod.
6. Sewage/septage
7. Fertilizers
8. Sludge
9. Solid waste leachate
10. Metals
11. Other inorganics
12. Other organics

LOCATION

1. Facility
2. Railroad
3. Waterway
4. Pipeline
5. Dumpsite
6. Highway
7. Residence
8. Other

SETTING

1. Residential
2. Industrial
3. Urban
4. Rural

Site Priority Ranking ____

D.E.M. Regional Contact SHARON K. CIHAK

Signature Sharon K. Cihak

Date 3-17-93