

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

Division of Environmental Management  
GROUNDWATER SECTION

1. Incident # \_\_\_\_\_  
2. Tabulate only

### TYPE OF ACTION

<b>A</b>	1. Emergency Response 2. Compliance Investigation	3. Complaint Investigation 4. Routine Inventory	5. U.S.T. Leak 6. Other: _____
	POTENTIAL HAZARDS: <input checked="" type="checkbox"/> 1. Toxic Chemicals <input type="checkbox"/> 2. Radioactivity <input type="checkbox"/> 3. Air Emissions <input type="checkbox"/> 4. Explosives <input type="checkbox"/> 5. Fire		

### INCIDENT DESCRIPTION

Incident Location/Name <i>Parkway Drive Inn</i>																	
Address <i>NC 16</i>																	
City/Town <i>Glendale Springs</i>	County <i>Ashe</i>																
Region <i>WSRO</i>																	
Briefly Describe Incident <i>(2) 1000 gal steel gasoline tanks were closed in place by CERTIFIED FORM PRODUCTS. Soil sample results submitted to WSRO on Oct 5, 1989 indicate 2.5 ppm TPH</i>																	
Date Incident Occurred or Leak Detected <del>Oct 5, 1989</del> <i>Oct 5, 1989</i>	<table style="width: 100%;"> <tr> <td style="width: 25%;">If L.U.S.T., How Leak Was Detected</td> <td style="width: 25%;">1. Tank Gauging</td> <td style="width: 25%;">5. Interstitial Monitoring</td> <td style="width: 25%;">8. Other <i>UST</i></td> </tr> <tr> <td></td> <td>2. Vapor Monitoring</td> <td>6. Tank Removal</td> <td><i>closed in place</i></td> </tr> <tr> <td></td> <td>3. GW Monitoring</td> <td>7. Tightness Test</td> <td></td> </tr> <tr> <td></td> <td colspan="3">4. Contractor who tightness tested, removed tank, or installed leak detection system. _____</td> </tr> </table>	If L.U.S.T., How Leak Was Detected	1. Tank Gauging	5. Interstitial Monitoring	8. Other <i>UST</i>		2. Vapor Monitoring	6. Tank Removal	<i>closed in place</i>		3. GW Monitoring	7. Tightness Test			4. Contractor who tightness tested, removed tank, or installed leak detection system. _____		
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### PERSON REPORTING INCIDENT

<b>C</b>	Name <i>Ruby L. Seagraves</i>	Date <i>Oct 5, 1989</i>	Time <i>N/A</i>
	Company/Agency <i>Seagraves Oil Company</i>	Telephone <i>N/A</i>	
	REPORTED BY: <input checked="" type="checkbox"/> 1. Tank owner/operator <input type="checkbox"/> 2. Government agency <input type="checkbox"/> 3. Private (3rd party) <input type="checkbox"/> 4. Facility owner (Non-L.U.S.T.) <input type="checkbox"/> 5. Other: _____		

### RECOMMENDED ACTION

<b>D</b>	(MULTIPLE CHOICES POSSIBLE)			
	<input checked="" type="checkbox"/> 1. Investigation complete	3. Initiate/complete cleanup	5. Drilling support	7. Confirm leak
	2. Continue investigation	4. Long-term remedial action	6. Issue NOV	8. Monitoring plan
Comments				
CLEANUP LEAD: <input checked="" type="checkbox"/> 1. Responsible Party				Site Priority Ranking
D.E.M. Regional Contact: <i>Thomas A. Salley</i>				2. State
Signature: <i>Thomas A. Salley</i>			Date: <i>2-22-98</i>	