

Department of Environment and Natural Resources, Division of Waste Management, Underground Storage Tank Section

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>11-28-05</u> Received By <u>CIHAK</u> Reported by (circle one): Phone, <u>Fax</u> or Report Region <u>WSRO</u>	Suspected Contamination? (Y/N) _____ Confirmed GW Contamination? (Y/N) _____ Confirmed Soil Contamination? (Y/N) _____ Free Product? (Y/N) _____ If Yes, State Greatest Thickness _____	Facility ID Number <u>N/A</u> Date Leak Discovered <u>11/23/05</u> Comm. <u>Non-Commercial</u> ? _____ Reg. <u>Non-regulated</u> ? _____
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INCIDENT DESCRIPTION

Incident Name: Former Waldron Residence

Address: 206 Country Park Dr. County: Guilford

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

Latitude (dd.mm.ssss): _____ Longitude (ddd.mm.ssss): _____ Confirmed by GPS? (Y/N) _____

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

UST removed prior to 1998 when Mr. Waldron purchased the property

Release detected from sample obtained w/ hand auger in former UST location (results attached)

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 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 checked="" type="checkbox"/> Other (specify) <u>hand auger</u> |

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 checked="" type="checkbox"/> C. Tank Release <input type="checkbox"/> D. Spill/Overfill <input type="checkbox"/> F. Exact Failure Location Unknown or Multiple Failures <input type="checkbox"/> Unknown Source (Believed to be UST Source, explain in "Incident Description" above)	<input type="checkbox"/> Gasoline/Diesel/Kerosene <input checked="" 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 type="checkbox"/> Facility <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input 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. <u>Unknown</u>			
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 <i>Unknown</i>			
Point of Contact		Address	
City	State	Zip Code	Telephone Number

UST SYSTEM OPERATOR			
UST Operator/Company <i>Unknown</i>		Address	
City	State	Zip Code	Telephone Number

LANDOWNER AT LOCATION OF UST INCIDENT			
Landowner <i>Beatty Waldron</i>		Address <i>206 Country Park Dr.</i>	
City <i>Greensboro</i>	State <i>NC</i>	Zip Code <i>27455</i>	Telephone Number <i>(336) 580-4332</i>

Draw Sketch of Area (showing two major road intersections) or Attach Map			
<p><i>see attached map</i></p>			

Person Reporting Incident <i>Brandon Moore</i>	Company 	Telephone Number <i>(336) 669-6037</i>
Title <i>Geologist</i>	Address <i>PARAGON Environmental Consultants, Inc. P.O. Box 157 Thomasville, NC 27301 (336) 669-6037</i>	Date <i>11/28/05</i>



MERITECH, INC.

ENVIRONMENTAL LABORATORIES

A Division of Water Technology and Controls, Inc.

Client: Paragon Environmental Consultants, Inc.
Project: P-591 A 206 Country Park Dr.
Analyst: CWL
Report Date: 11/23/05

Total Petroleum Hydrocarbons

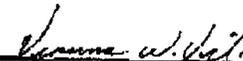
Meritech #	Sample # (Location)	Sample Date	Matrix	Date Analyzed	DRO - 3550/8015 (mg/kg)	GRO - 5030/8015 (mg/kg)
11180574	T1-6 Tank #1 @ 6'	11/18/05	S	11/23/05 A.N.R.	Diesel 524	Gasoline A.N.R.

Dilution Factor N/A

S = Soil
W = Water
DRO = Diesel Range Organics
GRO = Gasoline Range Organics

A.N.R. = Analysis Not Requested.

I hereby certify that I have reviewed and approve these data.


Laboratory Representative

642 Tamco Road * Reidsville, NC 27320
(336) 342-4748 * (336) 342-1522 Fax
e-mail: wtclab@bellsouth.net

