UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT				
EMERGENCY HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? FOR LOCAL AGENCY USE ONLY YES NO YES NO REPORT DATE CASE # CASE # FOR LOCAL AGENCY USE ONLY				
м	M D Y Y	SIGNED		DATE
	NAME OF INDIVIDUAL FILING REPORT PHONE		SIGNATURE	
	REPRESENTING OWNER/OPERATOR REGIONAL BOARD	COMPANY OR AGENCY NAME		
	ADDRESS			
	STREET	CITY CONTACT PERSON	S	TATE ZIP PHONE
RESPONSIBLE PARTY				
SPON PAR ⁻	ADDRESS			
RE	STREET	CITY	s	TATE ZIP
7	FACILITY NAME (IF APPLICABLE)	OPERATOR		PHONE
SITE LOCATION	ADDRESS			
≡ LOC	STREET	CITY	COUNT	Y ZIP
SIT	CROSS STREET			
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME	CONTACT PERSON		PHONE
PLEMI	REGIONAL BOARD			PHONE
IMI	(1) NAME QUANTITY LOST (GALLONS)			
VED				
SUBSTANCES INVOLVED	(2)			
VERY/ABATEMENT		=	BSURFACE MONITORING	SANCE CONDITIONS
ABATE	M M D D Y Y DATE DISCHARGE BEGAN	STOP DISCHARGE (CHECK ALL THAT APPI	LY)	
'ERY//				
DISCOV	HAS DISCHARGE BEEN STOPPED?			CHANGE PROCEDURE
	YES NO IF YES, DATE M D D SOURCE OF DISCHARGE	Y Y L REPLACE TAN CAUSE(S)		
SOURCE/ CAUSE			RUPTURE/FAILURE SPILL	
	PIPING LEAK OTHER		UNKNOWN OTHER	
ASE PE	CHECK ONLY ONE			
95				
NT SL		ASSESSMENT WORKPLAN SUBMI	TTED POLLUTION CHARACT	ERIZATION
CURRENT STATUS	LEAK BEING CONFIRMED	ASSESSMENT UNDERWAY	POST CLEANUP MONI	TORING IN PROGRESS
0 00	REMEDIATION PLAN		SARY) CLEANUP UNDERWAY	
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) EXCAVATE & DISPOSE (ED)	_		BIO DEGRADATION (IT)
	CONTAINMENT BARRIER (CB) NO ACTION REQUIRED (NA) VACUUM EXTRACT (VE) OTHER) TREATMENT AT HO		(5)
	· · · · · · · ·			
NTS				
COMMENTS				
8				