

# Appendix D Forms

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I. Underground Storage Tank Unauthorized Release (Leak) Contamination Site Report

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT			
EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REPORT DATE M M D D Y Y		CASE #	
		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT		PHONE ( )
	SIGNATURE		
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		COMPANY OR AGENCY NAME
ADDRESS			
RESPONSIBLE PARTY	STREET		CITY STATE ZIP
	NAME		CONTACT PERSON PHONE ( )
	<input type="checkbox"/> UNKNOWN		
ADDRESS			
SITE LOCATION	STREET		CITY STATE ZIP
	FACILITY NAME (IF APPLICABLE)		OPERATOR PHONE ( )
	ADDRESS		
STREET		CITY	COUNTY ZIP
CROSS STREET			
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME		CONTACT PERSON PHONE ( )
	REGIONAL BOARD		PHONE ( )
SUBSTANCES INVOLVED	(1) NAME		QUANTITY LOST (GALLONS) _____ <input type="checkbox"/> UNKNOWN
	(2)		_____ <input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED M M D D Y Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____
	DATE DISCHARGE BEGAN M M D D Y Y <input type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y		
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)		
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY		
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) _____		
COMMENTS			

HSC 05 (8/99)

II. Cap Public Notification and Request for Comment Form

SAMPLE  
CAP PUBLIC NOTIFICATION LETTER

Date

Name, Address, City, State Zip

Dear :

CLEANUP OF ENVIRONMENTAL CONTAMINATION RESULTING FROM  
LEAKING UNDERGROUND STORAGE TANKS LOCATED AT  
(Site Name, Address, City, State and Zip Code).

The (RP Name) and their consultants, (Consulting Firm Name), have proposed a corrective action plan (CAP) to remediate the soil and groundwater contamination at the site referenced above. The County of San Diego Department of Environmental Health (DEH) must review the CAP prior to implementation of the plan. This notice is sent to advise you that the plan is available for review, and to advise you that DEH is accepting public comment on the plan through (use 30 day window).

The environmental contamination at the site resulted from a leaking underground fuel tank system. The leak was first discovered in (time of year, e.g., Spring of year). Since that time, the (RP Name) has instituted clean up efforts to control the adverse impacts to the public, while simultaneously investigating the size of the release. The (RP Name) now proposes a CAP to effectively clean up the contamination. The (RP's) activities have been overseen by DEH.

The CAP proposes to remediate soil contamination by (short description of activities to be implemented).

You may review a copy of the CAP (list exact title of report) for (Site Address, City, State, SAM Case #/H#) at the (location) Public Library, (address of library), or at the offices of the County DEH at 5500 Overland Avenue, Suite 210, San Diego, CA 92123-1202.

Written comments on the CAP may be directed to (DEH/SAM Staff Person's Name) by mail to the County of San Diego Department of Environmental Health, P.O. Box 129261, San Diego, CA 92112-9261 or by email to (DEH/SAM Staff Person) (email address). Comments must be received by (use 30 day window).

Questions regarding the content of the CAP should be directed to one of the following:

- 1) (RP Representative, Telephone #, RP Name)
- 2) (Consultant Name, Telephone #, Consultant Firm's Name)
- 3) (DEH/SAM Staff Person's Name, Telephone #)

Sincerely,

III. Chain-of-Custody Form



IV. Groundwater Monitoring Results Reporting Form

### GROUNDWATER MONITORING RESULTS

Site Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Case No: \_\_\_\_\_

	Sample Date:	Well ID:	Well Diameter:	Total Well	Screen	Top of Casing
		Drill Date:	Bore Diameter:	Depth:	Interval:	Elevation:
	MCL					
Benzene (ug/l)	1 ug/l					
Toluene (ug/l)	100 ug/l					
Ethylbenzene (ug/l)	680 ug/l					
Xylenes (ug/l)	1,750 ug/l					
MTBE (ug/l)	13 ug/l					
TPH (mg/l)						
Free Product (ft)						
Depth to Product (ft)						
Depth to Water (ft)						
GW Elevation (ft)						

	Sample Date:	Well ID:	Well Diameter:	Total Well	Screen	Top of Casing
		Drill Date:	Bore Diameter:	Depth:	Interval:	Elevation:
	MCL					
Benzene (ug/l)	1 ug/l					
Toluene (ug/l)	100 ug/l					
Ethylbenzene (ug/l)	680 ug/l					
Xylenes (ug/l)	1,750 ug/l					
MTBE (ug/l)	13 ug/l					
TPH (mg/l)						
Free Product (ft)						
Depth to Product (ft)						
Depth to Water (ft)						
GW Elevation (ft)						

V. File Review Request Form



**OFFICE USE ONLY**  
Request # \_\_\_\_\_

# County of San Diego

ELIZABETH ROZZEBON  
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
P.O. BOX 129261, SAN DIEGO, CA 92112-9261  
(858) 505-6700 FAX (858) 505-6848  
[www.sdcdelh.org](http://www.sdcdelh.org)

AMY HARBERT  
ASSISTANT DIRECTOR

## PUBLIC RECORDS REQUEST FOR THE SITE ASSESSMENT AND MITIGATION (SAM) PROGRAM AND HAZARDOUS MATERIALS DIVISION (HMD)

<b>Requestor Name:</b> _____	<b>E-Mail:</b> _____
<b>Phone:</b> (____) _____	<b>FAX:</b> (____) _____
<b>Company Name:</b> _____	
<b>Mailing Address:</b> _____	
(You may attach a business card/overprint with business card if preferred)	

Additional information may be accessed from the DEH website, [www.sdcdelh.org](http://www.sdcdelh.org). Fax or email your completed form to the Public Records Program at (858) 505-6848 or [deh.publicrecords@sdcounty.ca.gov](mailto:deh.publicrecords@sdcounty.ca.gov). The following information is required. Separate forms are needed for each address or parcel number.

\_\_\_\_\_ **or** \_\_\_\_\_  
Exact Address (Street, City and Zip Code) Assessor's Parcel Number

Optional information (establishment permit number, business name, etc.)

**Please indicate the purpose of your search by checking all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Contaminated Property Investigation(s) (SAM Cases)<br><input type="checkbox"/> SAM Closure Letter/Report<br><input type="checkbox"/> Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)<br><input type="checkbox"/> Other: _____<br><span style="margin-left: 100px;">(specify)</span> | <input type="checkbox"/> Monitoring Well Files (select conditions that apply)<br><input type="checkbox"/> Government agency request<br><input type="checkbox"/> Consultant with related case<br><input type="checkbox"/> Written authorization from owner (attach letter) |
|--|---|

**OFFICE USE ONLY BELOW THIS LINE**

Files reviewed by: _____ of _____	Date: ____/____/____
Files copied for: _____ of _____	Date: ____/____/____
Request cancelled by: _____	Date: ____/____/____
Photocopies _____ Cost _____ Picked up/mailed on _____	By _____

A search for DEH records checked above has been conducted and the following apply:

- SAM files for the permit number(s) listed below are available.  
 # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_
- HMD/UST files for the permit number(s) listed below are available.  
 # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_
- Original records were purged. Database-only records are available (at [http://sdcounty.ca.gov/deh/doing\\_business/hazmat\\_search.html](http://sdcounty.ca.gov/deh/doing_business/hazmat_search.html)) for the following permit number(s):  
 # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_
- No SAM/HMD/UST records were found for the address/APN you requested.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature - DEH Representative Date

DEH complies fully with the California Public Records Act and the Federal Freedom of Information Act. Please be advised that photocopy and/or scanned file fees may apply.

DEH-9098 (Rev. 12/12)