CONTENTS OF APPENDIX D

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

II. Cap Public Notification and Request for Comment Form

III. Chain-of-Custody Form

IV. Groundwater Monitoring Results Reporting Form

V. File Review Request Form
I. Underground Storage Tank Unauthorized Release (Leak) Contamination Site Report
# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

**EMERGENCY**
- YES
- NO

**HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?**
- YES
- NO

**REPORT DATE**

**CASE #**

**NAME OF INDIVIDUAL FILING REPORT**

**PHONE**

**SIGNATURE**

**REPRESENTING**
- OWNER/OPERATOR
- REGIONAL BOARD
- LOCAL AGENCY
- OTHER

**COMPANY OR AGENCY NAME**

**ADDRESS**

**STREET**

**CITY**

**STATE**

**ZIP**

**NAME**

**CONTACT PERSON**

**PHONE**

**ADDRESS**

**STREET**

**CITY**

**STATE**

**ZIP**

**FACILITY NAME (IF APPLICABLE)**

**OPERATOR**

**PHONE**

**ADDRESS**

**STREET**

**CITY**

**COUNTY**

**ZIP**

**CROSS STREET**

**LOCAL AGENCY**

**AGENCY NAME**

**CONTACT PERSON**

**PHONE**

**REGIONAL BOARD**

**ADDRESS**

**STREET**

**CITY**

**STATE**

**ZIP**

<table>
<thead>
<tr>
<th>(1) NAME</th>
<th>QUANTITY LOST (GALLONS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2)</th>
<th>Source of Discharge</th>
<th>Cause(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tank Leak</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Piping Leak</td>
<td>Other</td>
</tr>
</tbody>
</table>

**DATE DISCOVERED**

**HOW DISCOVERED**
- Tank Test
- Tank Removal
- Other

**INVENTORY CONTROL**

**SUBSURFACE MONITORING**

**MISUSE CONDITIONS**

**DATE DISCHARGE BEGAN**

**METHOD USED TO STOP DISCHARGE**
- Remove Contents
- Close Tank & Remove
- Repair Piping
- Repair Tank
- Close Tank & Fill in Place
- Change Procedure
- Replace Tank
- Other

**HAS DISCHARGE BEEN STOPPED?**
- YES
- NO

**IF YES, DATE**

**SOURCE OF DISCHARGE**

**CASE TYPE**

**CHECK ONE ONLY**
- Undetermined
- Soil Only
- Groundwater
- Drinking Water - (check only if water wells have actually been affected)

**DEGRADATION STATUS**

**CHECK ONE ONLY**
- No Action Taken
- Preliminary Site Assessment Work Plan Submitted
- Pollution Characterization
- Preliminary Site Assessment Underway
- Post Cleanup Monitoring In Progress
- Remediation Plan
- Case Closed (Cleanup Completed or Unnecessary)
- Cleanup Underway

**CHECK APPROPRIATE ACTION(S)**
- Excavate & Dispose (EQ)
- Remove Free Product (FP)
- Enhanced Bio Degradation (IT)
- Cap Site (CD)
- Containment Barrier (CB)
- No Action Required (NA)
- Treatment at Hookup (HD)
- Vacuum Extract (VE)
- Other (OT)

**COMMENTS**

---

**SAM Manual**

2.18.2004

Page D-3
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 #:/#) 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
## SAM Chain-of-Custody Record

**County of San Diego**

<table>
<thead>
<tr>
<th>SAMPLE NO.</th>
<th>DATE</th>
<th>TIME</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Name**

**Reference**

**Address**

**Samplers Signature**

**Lab To Be Used**

### Analysis Requested

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TPH</th>
<th>TRIPH</th>
<th>EPA 401.1</th>
<th>871E</th>
<th>MASS OBSERVED</th>
<th>NAP / OIL (1)</th>
<th>MTBE (260)</th>
<th>SOLID</th>
<th>LIQUID</th>
<th>GRAB</th>
<th>COMPOSITE</th>
<th>NO. OF CONTAINERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments

**Date**

**Page**

**TOTAL NO. OF CONTAINERS**

**Sample Conditions**

- Received On Ice
- Tape Seal Intact

**Special Shipment/Handling Or Storage Requirements**

**Site Identification**

**Department Of Environmental Health**

**Distribution**

- White - Laboratory
- Yellow - Contractor/Responsible Party
- Pink - SAM

**COPY OF LAB RESULTS MUST BE SENT TO:**

Dept. of Environmental Health

Land and Water Quality Division

P.O. Box 125261

San Diego, CA 92112-9261

**DEH: SAM-999 (Rev. 1/03) NCR**

**County of San Diego**

**Department of Environmental Health**

**Page D-7**
IV. Groundwater Monitoring Results Reporting Form
### GROUNDWATER MONITORING RESULTS

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Address:</th>
<th>Case No:</th>
</tr>
</thead>
</table>

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

---

<table>
<thead>
<tr>
<th>Sample Date:</th>
<th>Well ID: Drill Date:</th>
<th>Well Diameter: Bore Diameter:</th>
<th>Total Well Depth:</th>
<th>Screen Interval:</th>
<th>Top of Casing Elevation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzene (ug/l)</td>
<td>1 ug/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toluene (ug/l)</td>
<td>100 ug/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethylbenzene (ug/l)</td>
<td>680 ug/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xylenes (ug/l)</td>
<td>1,750 ug/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTBE (ug/l)</td>
<td>13 ug/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TPH (mg/l)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free Product (ft)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depth to Product (ft)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depth to Water (ft)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GW Elevation (ft)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. File Review Request Form
### Public Records Request for the Site Assessment and Mitigation (SAM) Program and Hazardous Materials Division (HMD)

**Requestor Name:** ____________  **E-Mail:** ____________  
**Phone:** _______  **FAX:** _______  
**Company Name:** ____________  
**Mailing Address:** ____________  

Additional information may be accessed from the DEH website, [www.sdcdeh.org](http://www.sdcdeh.org). Fax or email your completed form to the Public Records Program at (858) 555-8888 or [deh.pureinfo@sdcounty.ca.gov](mailto:deh.pureinfo@sdcounty.ca.gov). The following information is required. Separate forms are needed for each address or parcel number.

- **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:

- [ ] Contaminated Property Investigation(s) (SAM Cases)
- [ ] SAM Closure Letter/Report
- [ ] Hazardous Materials Permit & Underground Storage Tank Files (HMD/UST)
- [ ] Other: ____________

(specify)

---

**OFFICE USE ONLY BELOW THIS LINE**

**Files reviewed by:** ____________  **Date:** / /  
**Files copied for:** ____________  **Date:** / /  
**Request cancelled by:** ____________  **Date:** / /  
**Photocopies:** ____________  **Picked up/mailed on:** / /  

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.htm](http://sdcounty.ca.gov/deh/doing_business/hazmat_search.htm) for the following permit number(s):
  #  #  #  #  #
- [ ] No SAM/HMD/UST records were found for the address/parcel 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-006 (Rev. 12/12)