

# Initial Abatement Measures and Site Check

Submit Date: \_\_\_\_\_  
Facility or Tank ID: \_\_\_\_\_  
Leak ID: \_\_\_\_\_

## I. Release Information

1. Elapsed time over which the release occurred (if known): \_\_\_\_\_
2. Volume of material released (estimate in gallons): \_\_\_\_\_

## II. Nature of the Confirmed Release

### 1. Source

- |  |   |
|--|---|
| <input type="checkbox"/> Tank _____              | <input type="checkbox"/> Submersible Turbine Pump (STP) _____ |
| <input type="checkbox"/> Piping _____            | <input type="checkbox"/> Delivery Problem _____               |
| <input type="checkbox"/> Dispenser _____         | <input type="checkbox"/> Unknown _____                        |
| <input type="checkbox"/> Other (describe): _____ |   |

### 2. Cause (check all that apply)

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Corrosion                  | <input type="checkbox"/> Spill          | <input type="checkbox"/> Overfill |
| <input type="checkbox"/> Installation problems      | <input type="checkbox"/> Vehicle damage | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Physical/mechanical damage |   |                                   |
| <input type="checkbox"/> Other (describe): _____    |   |                                   |

### 3. Media Impacted (check all that apply)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Soil        | <input type="checkbox"/> Surface water  |
| <input type="checkbox"/> Groundwater | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Vapor       |   |

Was free product present?  Yes  No

Briefly describe the specifics of any free product found.

### 4. Provide a brief description of the release event.

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## III. Substance

1. Substance(s) confirmed to be released (check all that apply)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Gasoline               | <input type="checkbox"/> Oil (new)         | <input type="checkbox"/> Brine                 | <input type="checkbox"/> Methanol         |
| <input type="checkbox"/> Diesel                 | <input type="checkbox"/> Aviation fuel     | <input type="checkbox"/> Crude                 | <input type="checkbox"/> Distillates      |
| <input type="checkbox"/> Kerosene               | <input type="checkbox"/> Ethanol flex fuel | <input type="checkbox"/> Condensates           | <input type="checkbox"/> Sodium hydroxide |
| <input type="checkbox"/> Used oil               | <input type="checkbox"/> Biodiesel         | <input type="checkbox"/> Other produced fluids | <input type="checkbox"/> Unknown          |
| <input type="checkbox"/> Other (specify): _____ |  |  |   |

2. Volume of material released (estimate in gallons): \_\_\_\_\_

## IV. Initial Response

1. What initial response and corrective actions have been taken to date? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Emptied product from tank  | <input type="checkbox"/> Initiated early cleanup  |
| <input type="checkbox"/> Replaced leak component(s)   | <input type="checkbox"/> Investigated for presence of and initiated removal of free product |
| <input type="checkbox"/> Visually inspected aboveground and/or exposed underground releases and took action to prevent further migration of materials |   |
| <input type="checkbox"/> Other (identify): _____  |   |

2. As briefly as possible, provide additional details about the initial response and corrective actions taken to date. Add attachment, if necessary.

3. Was a tightness test(s) performed on the tank or piping in response to the release?

- Yes (attach test results)       No       Not applicable

4. What are the anticipated actions to be taken within 30 calendar days? (check all that apply & provide schedule)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Empty tank    | <input type="checkbox"/> Permanently close tank        | <input type="checkbox"/> Replace/repair defective components |
| <input type="checkbox"/> Excavate soil | <input type="checkbox"/> Perform site characterization | <input type="checkbox"/> Unknown                             |
| <input type="checkbox"/> None          | <input type="checkbox"/> Other (identify below)        |  |

5. Was analytical data collected?       Yes       No

*If yes, attach a table of the analytical data (use WVDEP template where applicable).*

Attach a copy of the complete laboratory analytical data.

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## V. Soil Borings

1. Were soil borings collected?  Yes  No  
*If soil borings were collected attach boring logs. If "no", skip question 2 unless you know the information.*
2. What is the predominate soil type? \_\_\_\_\_

## VI. **AST Only** - this section should only be filled out for releases from aboveground storage tanks.

1. Is the tank located in a zone of peripheral concern (ZPC), a zone of critical concern (ZCC), or a source water protection area (SWPA)?  
 Yes  No  
If yes, what areas is the tank located in (mark all that apply)  ZCC  ZPC  SWPA
2. Did the release from the AST system impact a waterway above a water intake? (If yes, notification to water intake must be made).  
 Yes  No  
If yes, identify the stream and water intake: \_\_\_\_\_
3. Be advised that affected water supplies and water supplies with the potential to be affected must be sampled. Has sampling of the affected water supply occurred?  
 Yes  No  
If yes, provide analytical data as an attachment to the report. Use *the WVDEP provided analytical attachment sheet.*

## VII. Attachments

Please indicate all attachment being submitted with this document.

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Boring Logs            | <input type="checkbox"/> Waste Manifests  | <input type="checkbox"/> Site Map |
| <input type="checkbox"/> Analytical Data Tables | <input type="checkbox"/> Laboratory Analytical Data   |                                   |
| <input type="checkbox"/> Other (list below)     | <input type="checkbox"/> UST equipment tests (i.e. spill bucket, sump, tank/piping tests, etc.) |                                   |

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## VIII. Site Map

Attach a site map to this document

Site map(s) drawn to scale illustrating the following:

- a. Location of all present and former tanks, piping and dispensers in area of release;
- b. Footprint of surface and/or subsurface soil contamination (if known);
- c. Footprint of other on-site structures (buildings, canopies, roads, utilities, etc.);
- d. Location of the release(s)
- e. Known locations of sewer and utility line, basements, and other subsurface structures
- f. Monitoring wells that will be used for sampling (if applicable);
- g. Location of all wells (if present)
- h. Soil sample location(s) (if applicable)
- i. Location and type of receptors (i.e. adjacent buildings, homes, etc.)
- j. North arrow, bar scale, and map legend