

# UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

*For Use Within Santa Clara County*

EMERGENCY <input type="checkbox"/> Yes <input type="checkbox"/> No		HAS THE CAL/EMA REPORT BEEN FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE	REPORT TYPE <input type="checkbox"/> UST <input type="checkbox"/> NON-UST	CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT		PHONE ( )	SIGNATURE	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME		
	ADDRESS				
		STREET	CITY	STATE	ZIP
RESPONSIBLE PARTY	NAME		CONTACT PERSON	PHONE ( )	
	ADDRESS				
		STREET	CITY	STATE	ZIP
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR	PHONE ( )	
	ADDRESS				
			STREET	CITY	STATE
		CROSS STREET	APN #	Santa Clara COUNTY	
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME			PHONE	
	Santa Clara County Department of Environmental Health – Site Mitigation Program REGIONAL BOARD			(408) 918-3400	
SUBSTANCES INVOLVED	(1)	NAME		QUANTITY LOST (Gallons)	
	(2)			<input type="checkbox"/> Unknown	
DISCOVERY/ABATEMENT	DATE DISCOVERED		HOW DISCOVERED <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Spill Response <input type="checkbox"/> Phase I or II Investigation <input type="checkbox"/> Tank Removal/Tank Test <input type="checkbox"/> Facility Closure <input type="checkbox"/> Other		
	DATE DISCHARGE BEGAN		METHOD USED TO STOP DISCHARGE (Check All That Apply)		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		<input type="checkbox"/> UNKNOWN <input type="checkbox"/> Remove Contents <input type="checkbox"/> Close Tank <input type="checkbox"/> Repair Tank <input type="checkbox"/> Spill Cleanup <input type="checkbox"/> Replace Tank <input type="checkbox"/> Facility Closure <input type="checkbox"/> Repair Piping <input type="checkbox"/> Other		
SOURCE/ CAUSE	SOURCE OF DISCHARGE		CAUSE(S)		
	<input type="checkbox"/> Tank /Piping Leak <input type="checkbox"/> Container Leak <input type="checkbox"/> Unknown <input type="checkbox"/> Other		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Spill <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"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Work Plan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S)				
	<input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment At Hookup (HU) <input type="checkbox"/> Other <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)				
COMMENTS					

## Instructions for Completing the Unauthorized Release (Leak) / Contamination Site Report

**EMERGENCY:** Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Emergency Management Agency. Indicate whether the EMA report has been filed as of the date of this report.

**REPORT DATE / REPORT TYPE:** Enter the date this report was completed. If the release is from an underground storage tank, check the UST box. If the release is from any other source check the NON-UST box (i.e., aboveground storage tank, facility closure, or spill cleanup).

**LOCAL AGENCY USE ONLY:** To avoid duplicate notifications pursuant to Health and Safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

**REPORTED BY:** Enter name, telephone number, and address. Indicate which party you represent and provide company or agency name. Sign the form in the space provided.

**RESPONSIBLE PARTY:** Enter the name, telephone number, contact person, and address of the party responsible for the leak. The Responsible Party would normally be the entity responsible for the release.

**SITE LOCATION:** Enter information regarding the release location. At a minimum, you must provide the facility name and full site address.

**IMPLEMENTING AGENCIES:** Enter the names of the local agency and Regional Water Quality Control Board having jurisdiction over the site.

**SUBSTANCES INVOLVED:** Enter the name and quantity lost of the hazardous substance(s) involved. If more than two substances leaked, list the two of most concern for cleanup.

**DISCOVERY/ABATEMENT:** Provide information regarding the discovery and abatement of the leak or explain the Comments box.

**SOURCE/CAUSE:** Indicate the source(s) of leak. Check box(es) indicating the cause(s) of leak.

**CASE TYPE:** Check one box only. Indicate the Case Type category for this leak. Case Type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, Case Type will be "Groundwater." Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Groundwater" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that Case Type may change upon further investigation.

**CURRENT STATUS:** Check one box only. Indicate the category which best describes the Current Status of the case. The response should be relative to the Case Type. For example, if the Case Type is "Groundwater," then Current Status should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options are as follows:

- **No Action Taken** – No action has been taken by the Responsible Party beyond initial reporting of the leak.
- **Leak Being Confirmed** – A leak is suspected at the site, but has not yet been confirmed.
- **Remediation Plan** – Remediation Plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
- **Preliminary Site Assessment Work Plan Submitted** – Work Plan/proposal requested of/submitted by Responsible Party to determine whether ground water has been, or will be, impacted as a result of the release.
- **Preliminary Site Assessment Underway** – Work Plan is being implemented.
- **Case Closed** – Regional Water Quality Control Board and local agency agree that no further work is necessary at the site.
- **Pollution Characterization** – Responsible Party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
- **Post Cleanup Monitoring in Progress** – Periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate the effectiveness of remedial activities.
- **Cleanup Underway** – Remediation Plan is being implemented.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

**REMEDIAL ACTION:** Indicate which actions have been used to clean up or remediate the leak. Descriptions of options are as follows:

- **Cap Site** – Install horizontal impermeable layer to reduce rainfall infiltration.
- **Containment Barrier** – Install vertical dike to block horizontal movement of contaminants.
- **Excavate and Dispose** – Remove contaminated soil and dispose at approved site.
- **Excavate and Treat** – Remove contaminated soil and treat (includes spreading or land farming).
- **Remove Free Product** – Remove floating product from water table.
- **Pump and Treat Groundwater** – Generally employed to remove dissolved contaminants.
- **Enhanced Biodegradation** – Use of any available technology to promote bacterial decomposition of contaminants.
- **Replace Supply** – Provide alternate water supply to affected parties.
- **Treatment at Hookup** – Install water treatment devices at each dwelling or other place of use.
- **Vacuum Extract** – Use pumps or blowers to draw air through soil.
- **Vent Soil** – Bore holes in soil to allow volatilization of contaminants.
- **No Action Required** – Incident is minor, requiring no remedial action.

**COMMENTS:** Use this space to elaborate on any aspects of the incident.

**DISTRIBUTION:** If this form is completed by the business/property owner or his/her agent, retain a copy and forward the original to your local permitting agency for distribution.

- Original – Local permitting agency.
- Copy – Regional Water Quality Control Board. (Boundaries and contact information are available at [www.swrcb.ca.gov/regions.html](http://www.swrcb.ca.gov/regions.html).)
- Copy – Local Site Mitigation Program agency.
- Copy – Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- Copy – Owner/Responsible Party.