**Category 1 Heating Oil Tank Release Characterization Report Form**

**Instructions:** This form may be used only for reporting investigation and corrective actions at Category 1 sites with releases from heating oil tanks with a capacity of 1,000 gallons or less and no impacted water supply wells within 500 feet or impacted surface water bodies within 200 feet of the leaking tank.

|  |  |  |
| --- | --- | --- |
| 1. **PC Number**:
 | 1. **Site Name**:
 | 1. **Characterization Form Date**:
 |
| 1. **Release Report Date:**
 |
| 1. **Responsible Person’s (RPs) Address**: RP can be Spiller or Tank Operator
 | 1. **RP’s Phone**:
 |  | 1. **DEQ Case Manager**:
 |  |
| 1. **Site Address (if different than RP’s Address; include City and Zip Code)**:
 |

|  |
| --- |
| 1. **Soil Sample Results: Attach a copy of all lab reports and boring log(s). Include sample depth in Description below.**
 |
| Sample 1 Description:  | Method:  | Results:  |
| Sample 2 Description:  | Method:  | Results:  |
| Sample 3 Description:  | Method:  | Results:  |
| Sample 4 Description:  | Method:  | Results:  |
| Sample 5 Description:  | Method:  | Results:  |

|  |
| --- |
| 1. **Water Sample Results: Attach a copy of all lab reports.**
 |
| Sample 1 Description:  | Method:  | Results:  |
| Sample 2 Description:  | Method:  | Results:  |
| Sample 3 Description:  | Method:  | Results:  |

|  |
| --- |
| 1. **Site History and Conditions**

How was the release discovered? If known, estimate amount of product lost.  |
| State the age of the tank and the tank status (in use or out of use at the time of the soil samples; if out of use, how long?): |
| Has the tank been removed or properly closed in place since the initial sample? If so, list the activity and date. |
| Describe the material surrounding the tank (e.g. clay, sand, pea gravel, bedrock, etc.) and its condition (wet or dry, stained by petroleum, etc.) |

|  |
| --- |
| 1. **Receptor Survey**
 |
| Evaluate the risk to any surface water bodies within 200 feet of the release. |
| Is the area served by public water? [ ]  **YES** **[ ]  NO** |

|  |
| --- |
| **Receptor Survey – Continued** |
| Evaluate the risk to drinking water wells located within 500 feet of the release. For all wells, describe the distance from the release, topographic location from the release, depth, and construction. Provide general geologic information and soil types at the release site. |
| Was recoverable free product or a significant volume of saturated soil encountered? [ ]  **YES [ ]  NO**If “YES,” please describe location and other pertinent information below: |
| Evaluate the risk to structures such as basements, sumps, crawl spaces, subsurface utilities, etc.Does the building at the release site or adjacent properties have a basement, sump, or crawl space? [ ]  **YES [ ]  NO**If “YES,” please identify them on your attached location/topo map and provide details (address, location relative to the PC site) below:Were any of the basements, sump, or crawl spaces impacted? [ ]  **YES [ ]  NO** If “YES,” please identify them on your attached location/topo map and provide details below.Evaluate the risk to underground utilities in the area |

|  |
| --- |
| 1. **Summarize site activities and include dates. Feel free to include any additional information or comments. Include recommendations.**
 |
|  |

**Attach the following items to this report. The report will not be considered complete without each of these items.**

1. A **location map of the site** with street names and release site address. Note all sampling points, tank location, and distance to potential receptors on the map. The map does not need to be to scale and may be neatly drawn by hand.
2. **Topographic map showing the location of the site**
3. **Lab reports** for all samples listed above
4. Heating Oil Tank *Category 1* **AAF**
5. Hand auger **boring log(s)**
6. Site **photos** (optional, but recommended),
7. Local **Permits**, if applicable (for example, if tank was properly closed)

Consultant's Signature: Date:

Consultant's Name (print): Phone:

Company Name: Address:

City: State: Zip: