

South Carolina Department of Health and Environmental Control (SCDHEC)
Underground Storage Tank (UST) Assessment Report

Submit Completed Form To:
UST Regulatory Section
SCDHEC
2600 Bull Street
Columbia, South Carolina 29201
Telephone (803)734-5331

Date Received

I. OWNERSHIP OF UST(S)

Owner Name (Corporation, Individual, Public Agency, Other)

SCDMH - Hall Building

Mailing Address

C/O S.C. Dept. Mental Health Physical Plant P.O. Box 119

City

Columbia

State

S.C.

Zip Code

29202

Area Code

803

Telephone Number

734-7346

Contact Person

Bobby Corley

II. SITE IDENTIFICATION AND LOCATION

Site I.D. #

17193

Facility Name or Company Site Identifier

SCDMH - HALL Building

Street Address or State Road (as applicable)

Bull St.

City

Columbia

County

Richland

III. CLOSURE INFORMATION

Closure Started

6-96

Closure Completed

6-18-97

Number of USTs Closed

1

Consultant

Robert P. Peele

UST Removal Contractor

Peele's Petroleum CO. INC.

IV. CERTIFICATION (Read and sign after completing entire submittal.)

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

Name (Type or print.)

Robert P. Peele

Signature

Robert P. Peele

VI. PIPING INFORMATION

- A. Construction Material.....
- B. Distance from UST to Dispenser.....
- C. Number of Dispensers.....
- D. Type of System P/S.....
- E. Was Piping Removed from the Ground? Y/N..
- F. Visible Corrosion or Pitting Y/N.....
- G. Visible Holes Y/N.....
- H. Age.....

Tank 1	Tank 2	Tank 3	Tank 4	Tank 5	Tank 6
Copper					
15'					
(1) unit					
S					
Y					
N					
N					
10+					

- I. If any corrosion, pitting, or holes were observed, describe the location and extent for each line.

None

VII. BRIEF SITE DESCRIPTION AND HISTORY

underground Tank - For Generator
 New above ground Tank installed
 Clean Site

IX. SAMPLE INFORMATION

SCDHEC Lab Certification Number _____

Sample #	Location	Sample Type (Soil/Water)	Depth*	Date/Time of Collection	Collected by	OVA #
1	A	Soil	5'8"	see Attached	Dave Browder	yes
2	B	Soil	5'8"	"	"	yes
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

* = Depth Below the Surrounding Land Surface

X. SAMPLING METHODOLOGY

Provide a detailed description of the methods used to collect and store (preserve) the samples. Please use the space provided below.

Rubber gloves Glass Jars Ice-Cooler

VIII. SITE CONDITIONS

	Yes	No	Unk
<p>A. Were any petroleum-stained or contaminated soils found in the UST excavation, soil borings, trenches, or monitoring wells?</p> <p>If yes, indicate depth and location on the site map.</p>		✓	
<p>B. Were any petroleum odors detected in the excavation, soil borings, trenches, or monitoring wells?</p> <p>If yes, indicate location on site map and describe the odor (strong, mild, etc.)</p>		✓	
<p>C. Was water present in the UST excavation, soil borings, or trenches?</p> <p>If yes, how far below land surface (indicate location and depth)?</p>		✓	
<p>D. Did contaminated soils remain stockpiled on site after closure?</p> <p>If yes, indicate the stockpile location on the site map.</p> <p>Name of DHEC representative authorizing soil removal:</p>		✓	
<p>E. Was a petroleum sheen or free product detected on any excavation or boring waters?</p> <p>If yes, indicate location and thickness.</p>		✓	

V. UST INFORMATION

- A. Product.....
- B. Capacity.....
- C. Age.....
- D. Construction Material.....
- E. Month/Year of Last Use.....
- F. Depth (ft.) To Base of Tank.....
- G. Spill Prevention Equipment Y/N.....
- H. Overfill Prevention Equipment Y/N.....
- I. Method of Closure Removed/Filled.....
- J. Visible Corrosion of Pitting Y/N.....
- K. Visible Holes Y/N.....

Tank 1	Tank 2	Tank 3	Tank 4	Tank 5	Tank 6
Diesel					
550					
10+					
MetM					
6-96					
5'8"					
N					
N					
R					
N					
N					

L. Method of disposal for any USTs removed from the ground (attach disposal manifests)

CWT Tank for scrap - & sold.

M. Method of disposal for any liquid petroleum, sludges, or waste waters removed from the USTs (attach disposal manifests)

None

N. If any corrosion, pitting, or holes were observed, describe the location and extent for each UST

None

ANALYTICAL RESULTS

You must submit the laboratory report and chain-of-custody form for the samples. These samples must be analyzed by a South Carolina certified laboratory.

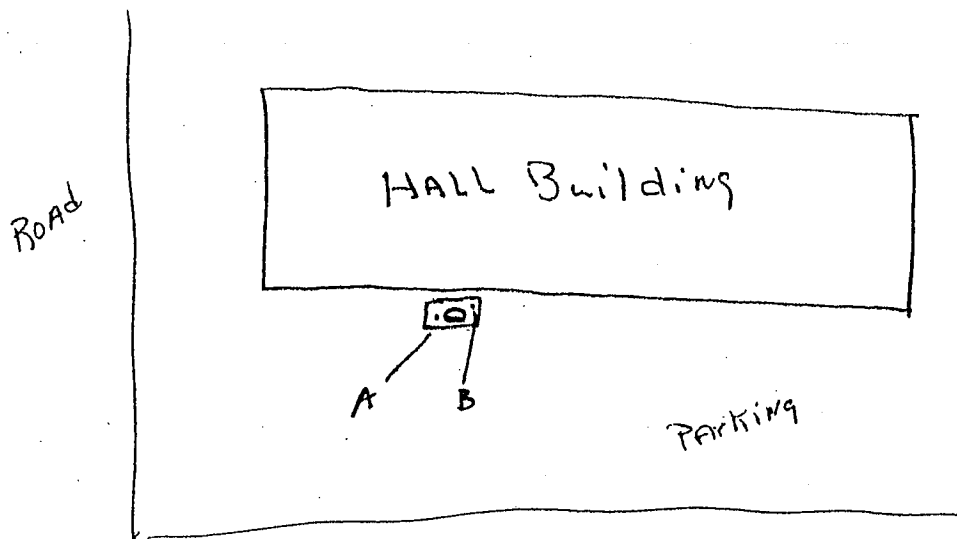
(Attach Certified Analytical Results and Chain-of-Custody Here)

See ATTACHED

SITE MAP

You must supply a scaled site map. It should include all buildings, road names, utilities, tank and pump island locations, sample locations, extent of excavation, and any other pertinent information.

(Attach Site Map Here)



The map should include all important features at the site. This should include buildings, UST locations, any above ground tanks, piping runs, dispenser islands, roads, sample locations, any receptors described in Section XI, and any other features that will give the Department a clear idea of how the site appears.

ANALYTICAL RESULTS

You should use this space to attach the certified analytical reports for your samples as well as the completed chain-of-custody form.

good

NOTE:

Photographs are often very helpful for evaluating a report. They are not required, but if you choose to document your UST closure with photographs, you may include copies with this report.

- NO -

Did You Remember to Include the Following?

- Site ID Number**
- Sample Collection and Storage Methods**
- Scaled Site Map with ALL Requested Information**
- Laboratory Chain-of-Custody Form**
- Certified Analytical Results**
- Completed and Notarized Insurance Statement
(see attached form)**
- A Copy of Your Environmental Insurance Policy
(if applicable)**
- Samples from all Dispenser Islands and Piping Runs**
- Photographs (if available)**

Appendix 5 - INSURANCE STATEMENT

This site is potentially eligible to receive state monies to assist you in site rehabilitation. If required. Before eligibility for State Underground Petroleum Environmental Response Bank (SUPERB) funds can be determined, written confirmation of the existence or non-existence of an environmental insurance policy for this site is required. Please complete the following information:

I do not have any insurance that would cover releases from underground storage tanks.
 I have an insurance policy that covers releases from underground storage tanks.

My policy provider is: Superb Fund

The policy deductible is: _____

The policy limit is: _____

If you have this type of insurance, please include a copy of the policy with this report.

Signature: Robert A. Paul

Notary Public

Sworn before me this 18 day of June, 1997.

John Peter Assick
(Name)

Notary Public for the state of S.C.

My commission expires 12-7-2002

Please affix State Seal if you are commissioned outside South Carolina.