



0000-0000-0014-9119

Document Control Sheet

Sheet Title:	PST 2 YD
Box ID:	7141
Control Sheet ID:	0000-0000-0014-9119
Record Series Name:	WST / Petroleum Storage Tank Registrations
Record Series:	PST
Primary ID:	63297
Secondary ID:	
Doc Type:	Remediation
Security:	Public
Date:	12/30/2016 12:00AM
Title:	Incident Report
Tertiary ID	

INCIDENT REPORT

FORM INSTRUCTIONS: Use this form to report suspected/confirmed PST releases to the Texas Commission on Environmental Quality (TCEQ) within 24 hours of discovery. Forms may be e-mailed (pstrpr@tceq.state.tx.us), faxed (512/239-2216), or phoned in (512/239-2200). Call 512/239-2120 for emergencies during regular business hours, or if after hours, page 512/606-9197.

TEXAS PETROLEUM STORAGE TANK PROGRAM INCIDENT REPORT FORM			
Facility Information	Facility Name: <u>EAST LANE #25</u>		
	Address: <u>2248 IH 10 & WASHINGTON</u>		
Responsible Party (RP) Information	City: <u>BEAUMONT</u>		County: <u>JEFFERSON</u>
	Facility ID: <u>63297</u> Ghost tank(s)? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Pre-existing LPST ID? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Release reported by (if different than RP):	Contact Person: <u>CRAIG HALL</u>		Phone: <u>409 842 1414</u>
	Company: <u>STINGHARDEN OIL CO. INC.</u>		Fax: <u>409 842 9574</u>
Insurance Provider	Address: <u>PO Box 20037</u>		State: <u>TX</u> Zip: <u>77780</u>
	City: <u>BEAUMONT</u>		
Release reported by (if different than RP):	The RP is the ... <input type="checkbox"/> tank owner <input type="checkbox"/> tank operator <input type="checkbox"/> landowner <input type="checkbox"/> other		
Insurance Provider	Name of insurance provider: <u>TOMIL</u>		Policy No.: _____
	Date insurance provider was notified about this release: _____		
RELEASE DETAILS			
<input type="checkbox"/> Confirmed	<input type="checkbox"/> AST	Date discovered: <u>12.30.16</u>	Date reported to TCEQ: <u>12.30.16</u>
<input type="checkbox"/> Suspected	<input checked="" type="checkbox"/> UST		
		Tank system piping: <input checked="" type="checkbox"/> pressurized <input type="checkbox"/> suction/gravity <input type="checkbox"/> unknown	
<u>Check all that apply:</u>			
Release discovery <input type="checkbox"/> Routine tank closure or site assessment <input type="checkbox"/> Free product or sheen <input type="checkbox"/> Odors <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Probe or sensor <input type="checkbox"/> Inventory records <input type="checkbox"/> Tank tightness test failure <input type="checkbox"/> Line tightness test failure <input type="checkbox"/> Groundwater monitoring well <input type="checkbox"/> 1-mo. SIR failure or "inconclusive" <input type="checkbox"/> 2-mo. inventory control discrepancy <input type="checkbox"/> Vapor detection (auto or manual) <input type="checkbox"/> Public or private water supply contaminated		Substance <input type="checkbox"/> Gasoline (leaded, unleaded, unknown) <input type="checkbox"/> Diesel/Fuel oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Hydraulic/ transmission/ mineral oil <input type="checkbox"/> Jet fuel/kerosene <input type="checkbox"/> Petroleum of unknown type <input type="checkbox"/> Hazardous subst. (describe in Comments) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe in Comments)	
		Impacted media <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water <input type="checkbox"/> Soil <input type="checkbox"/> Air Cause <input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Phys/mech damage <input type="checkbox"/> Faulty installation <input type="checkbox"/> Corrosion <input type="checkbox"/> Other (describe in Comments) <input type="checkbox"/> Unknown	
		Source <input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Turbine Pump (STP) Area <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Other (describe in Comments) <input type="checkbox"/> Unknown	
Comments/Notes <u>SUPER - INVENTORY CONTROL - PROCEDURES TO RE-EVALUATE & MODIFY.</u> <u>TANK & LINE TIGHT</u>			
<div style="text-align: right;"> RECEIVED AUG 13 2018 TCEQ CENTRAL FILE ROOM </div>			
<<< TCEQ USE ONLY >>> PM: complete this form when a PST release is reported to TCEQ, and provide to Admin Staff for LPST number assignment. Initial here to assign LPST no.: _____ PM TL/2nd Reviewer: ADMIN - fax completed form to RP & enter into appropriate databases. NEW LPST ID#: _____ Priority Code: _____ Region No: _____ County Code: _____			