



DEPARTMENT OF THE NAVY
NAVAL TRAINING STATION
SAN DIEGO, CALIFORNIA 92133-1000

18/100ne
AR_N00247_000061
NTC SAN DIEGO
SSIC NO. 5090.3.A
17/0623

JUN 12 1990

County of San Diego
Department of Health Services
Hazardous Materials Management Division
Attn: Mary Peters
1700 Pacific Highway
San Diego, CA 92101-2417

Dear Ms. Peters:

The purpose of this letter is to forward the enclosed unauthorized release report as requested by your notice (1717/800010) of May 25, 1990 and to describe our plan of action for investigating the suspected release.

Four underground storage tanks at the Naval Exchange Gas Station, located at the Naval Training Center (building 344), did not pass high level precision tests. Immediately following the system tests, product was removed and low-level tests were performed. All tanks passed this low-level, or tank only test. A summary of the four tanks is as follows:

- 10,000 gallon - regular unleaded gasoline
- 10,000 gallon - unleaded gasoline
- 10,000 gallon - diesel fuel
- 500 gallon - waste oil

The results of the precision testing indicate the tanks are in good condition with probable piping leaks. Because the tanks are never operated at full levels, the tanks are currently in operation.

Our plan of action is to investigate the source of the leaks. Further testing of piping (product line, vent, vapor recovery, riser) may be necessary. The repair of leaks and/or replacement of piping will follow as necessary. Lastly, another system test will be conducted to prove system tightness. Pending availability of funding, monitoring systems will be installed to achieve compliance with the state requirements.

Contamination due to past tank leakage at this site will be explored further. This site is included in the Navy's Installation Restoration program. A site investigation is funded and will commence by the end of calendar year 1990. Site assessment required for an unauthorized release will be included in the site investigation. Currently, a work plan is being developed.

Updated reports of progress will be forwarded every ninety days, as required.

Sincerely,



P. N. JOHNSON
Captain, U. S. Navy,
Commanding Officer

Encl:

(1) Underground Storage Tank Unauthorized
Release (Leak)/Contamination Site Report

Copy to:

NTC San Diego

→ SWNAVFACENGCOM

OIC Navy Resale Activity

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY 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 0 <u>M</u> 6 <u>M</u> 0 <u>D</u> 5 <u>D</u> 9 <u>Y</u> 0 <u>Y</u>		CASE #			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Martha F. Gandy		PHONE (619) 524-1022		SIGNATURE
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Naval Training Station		
	ADDRESS NAVTRASTA, SAN DIEGO, CA 92133-1000				
RESPONSIBLE PARTY	NAME Naval Training Station <input type="checkbox"/> UNKNOWN		CONTACT PERSON Martha F. Gandy		PHONE (619) 524-1022
	ADDRESS NAVTRASTA, SAN DIEGO, CA 92133-1000				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Naval Exchange Gas Station		OPERATOR Naval Exchange		PHONE (619) 221-1001
	ADDRESS Naval Training Station (Code 77), San Diego, CA 92133-1001				
	CROSS STREET Rosecrans & Nimitz				
IMPLEMENTING AGENCIES	LOCAL AGENCY Dept. of Health Services HMMV		AGENCY NAME		CONTACT PERSON Mary Peters
	REGIONAL BOARD Regional Water Quality Control Board				PHONE (619) 338-2207 (619) 265-5114
SUBSTANCES INVOLVED	(1) NAME Unleaded gasoline				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) Diesel fuel (3) Waste Motor Oil				<input checked="" type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>M</u> 5 <u>M</u> 2 <u>D</u> 3 <u>D</u> 9 <u>Y</u> 0 <u>Y</u>		HOW DISCOVERED <input checked="" type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER <u>Ensure low-level operation</u>		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CHECK ONE ONLY <input checked="" 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"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)				
COMMENTS	Please see cover letter for additional information.				