



DEPARTMENT OF THE NAVY
COMMANDER
NAVY REGION HAWAII
850 TICONDEROGA ST STE 110
JBPHH, HAWAII 96860-5101

JAN 24 2014

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Ser N45/044
January 23, 2014

CERTIFIED MAIL NO. 7011 0110 0002 1802 1195

Ms. Roxanne Kwan
Hawaii State Department of Health
Environmental Management Division
Solid and Hazardous Waste Branch
Underground Storage Tank Section
919 Ala Moana Boulevard, Room 212
Honolulu, HI 96814

Dear Ms. Kwan:

SUBJECT: APPENDIX 5-B - CONFIRMED RELEASE NOTIFICATION FORM,
TANK 5, RED HILL FUEL STORAGE FACILITY, JBPHH, OAHU,
DOH FACILITY ID NO. 9-102271 *E! 140010*

As stated by LCDR Angela Watson of Naval Supply (NAVSUP) Fleet Logistics Center (FLC) Pearl Harbor during a meeting at the Incident Command Center on January 16, 2014, a JP-8 fuel release of up to 20,000 gallons from Tank 5 was confirmed.

NAVSUP FLC Pearl Harbor began transferring fuel from Tank 5 to other storage tanks on January 13, 2014 in response to a suspected release that was discovered through inventory monitoring. The transfer of over 11 million gallons of JP-8 was completed on January 18, 2014.

Liquid was observed weeping from the wall of the Red Hill tunnel near the lower exterior of the material encasing the tank. A sample of the liquid was collected and analyzed. Analytical results determined the liquid was JP-8 fuel.

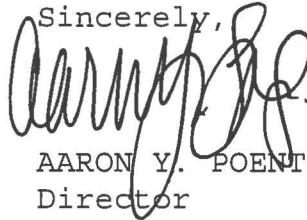
Groundwater samples were collected from monitoring wells RHMW01, RHMW02, RHMW05, and RHMW2254-01 on January 15 and 16, 2014. Analytical results will be submitted to the DOH.

To document the confirmed release from Tank 5, a Confirmed Release Notification Form has been completed and is being submitted as Enclosure 1.

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If there are any questions regarding this matter, or if more information is needed, please contact Ms. Raelynn Kishaba at (808) 471-1171, extension 233.

Sincerely,

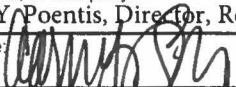


AARON Y. POENTIS
Director
Regional Environmental Department
By direction of the
Commander

Enclosure: 1. Appendix 5-B - Confirmed Release Notification
Form for Red Hill Fuel Storage Facility, Tank 5

APPENDIX 5-B

CONFIRMED RELEASE NOTIFICATION FORM

STATE USE ONLY			
Facility ID:	Release ID:	Date Sent:	Date Received:
GENERAL INFORMATION AND INSTRUCTIONS			
<p>This form should be completed immediately and <u>only</u> after reporting a confirmed release by telephone within 24-hours to the Hawai'i DOH UST Section. Completion of this notice will serve to fulfill part of the notification requirements of HAR 11-64-71. Please type or print in ink all items except "Signature" in Section III. This form must be completed for each UST release occurrence. Completed form must be mailed to: Department of Health, Solid and Hazardous Branch, 919 Ala Moana Boulevard, Room 212, Honolulu, Hawaii 96814</p>			
I. REPORTING PARTY AND FACILITY INFORMATION			
24-Hour Reporting Party Name, Title, & Affiliation:			
Raelynn Kishaba, Environmental Engineer, Commander Navy Region Hawaii			
Facility Name & Address:			
Red Hill Fuel Storage Facility, JBPHH, HI 96860			
Facility Contact Person, Affiliation, & Address:			
Aaron Poentis, Commander Navy Region Hawaii 850 Ticonderoga Street, Suite 110, JBPHH, HI 96860-5101			
Facility Information: (Check only one item)			
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> State Government	<input type="checkbox"/> Commercial
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Industrial
<input type="checkbox"/> Airline	<input type="checkbox"/> County Government	<input checked="" type="checkbox"/> Federal Military	<input type="checkbox"/> Truck/ Transportation
<input type="checkbox"/> Utilities	<input type="checkbox"/> Other		
II. RELEASE INFORMATION (Circle all that apply in Items A-H)			
A. Source of the Release: Piping <input type="checkbox"/> <u>Tank(s)</u> <input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/>			
If "Tank(s)" list tank sizes: 12.5 million gallons			
B. Method of Discovery & Confirmation: Closure <input type="checkbox"/> Monthly Release Detection <input type="checkbox"/> Tightness Test <input type="checkbox"/> Site Check <input type="checkbox"/>			
Other (Specify): <u>Inventory monitoring</u>			
C. Estimated Quantity of Substance Released: 20,000 Gallons <input type="checkbox"/> Unknown <input type="checkbox"/>			
D. Type of Substance Released: Unleaded Gas <input type="checkbox"/> Leaded Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Used or Waste Oil <input type="checkbox"/> Hazardous Substance <input type="checkbox"/>			
Other (Specify): <u>JP-8 Fuel</u>			
E. Immediate Hazards: Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Vapor Exposure <input type="checkbox"/> Recoverable Free Product <input type="checkbox"/> Drinking Water Threat <input type="checkbox"/>			
Other (Specify): <u>Unknown</u>			
F. Release Impact: Surface Water <input type="checkbox"/> <u>Ground Water</u> <input type="checkbox"/> <u>Soil</u> <input type="checkbox"/> Air <input type="checkbox"/>			
G. Migration Pathways: None <input type="checkbox"/> Utility Conduits <input type="checkbox"/> Subsurface Drains <input type="checkbox"/> Sewer Lines <input type="checkbox"/> <u>Unknown</u> <input type="checkbox"/>			
Other (Specify):			
H. Actions Taken: Evacuated Nearby Area <input type="checkbox"/> <u>Removed UST Content</u> <input type="checkbox"/> Recovered Free Product <input type="checkbox"/> Excavated Soils/Ground Water/Recovery <input type="checkbox"/>			
Other (Specify): <u>Sampled groundwater</u>			
III. UST OWNER OR OPERATOR CERTIFICATION (Read and sign after completing all sections to the extent possible)			
I certify under penalty of law that I have examined and am familiar with the information submitted in this notice, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true and accurate.			
Name, Title, & Company:			
Aaron Y. Poentis, Director, Regional Environmental Department, Commander Navy Region Hawaii			
Signature: 		Date: <u>1/22/14</u>	
		DOH Form CRN (8/92)	