

24-Hour Release and UST Leak Reporting Form

This form should be completed and submitted to the UST Section's regional office following a known or suspected release from an underground storage tank (UST) system. This form is required to be submitted within 24 hours of discovery of a known or suspected release.

<p style="text-align: center;">(DWM USE ONLY)</p> Incident # _____ Risk (H,I,L,U) _____ Received On _____ Received By _____ Reported by (<i>circle one</i>): Phone, Fax or Report Region _____	Suspected Contamination? (Y/N) _____ Confirmed GW Contamination? (Y/N) _____ Confirmed Soil Contamination ?(Y/N) _____ Free Product ? (Y/N) _____ If Yes, State Greatest Thickness _____	Facility ID Number _____ Date Leak Discovered _____ Comm/Non-Commercial? _____ Reg/Non-regulated? _____
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INCIDENT DESCRIPTION

Incident Name: _____

Address: _____	County: _____
City/Town: _____	Regional Office (<i>circle one</i>): Asheville, Mooresville, Fayetteville, Raleigh, Washington, Wilmington, Winston-Salem
Latitude (dd.mm.ssss): _____	Longitude (ddd.mm.ssss) : _____
Confirmed by GPS? (Y/N) _____	
Briefly describe suspected or confirmed release: (<i>including but not limited to: nature of release, date of release, amount of release, amount of free product present and recovery efforts, initial responses conducted, impacts to receptors</i>)	

HOW RELEASE WAS DISCOVERED

(*Check one*)

<input type="checkbox"/> Release Detection Equipment or Methods <input type="checkbox"/> During UST Closure/Removal <input type="checkbox"/> Property Transfer	<input type="checkbox"/> Visual/Odor <input type="checkbox"/> Water in Tank <input type="checkbox"/> Water Supply Well Contamination	<input type="checkbox"/> Groundwater Contamination <input type="checkbox"/> Surface Water Contamination <input type="checkbox"/> Other (specify) _____
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SOURCE OF CONTAMINATION

<u>Primary Source of Contamination</u> <i>(Check one)</i>	<u>Primary Contaminant Type</u> <i>(Check one)</i>	<u>Location</u> <i>(Check one)</i>	<u>Setting</u> <i>(Check one)</i>
<input type="checkbox"/> Suspected UST Release <input type="checkbox"/> Confirmed UST Release (<i>Also check one below</i>): <input type="checkbox"/> A. Dispenser <input type="checkbox"/> B. Line Release <input type="checkbox"/> C. Tank Release <input type="checkbox"/> D. Spill/Overfill <input type="checkbox"/> E. Exact Failure Location Unknown or Multiple Failures <input type="checkbox"/> Unknown Source (Believed to be UST Source, explain in "Incident Description" above)	<input type="checkbox"/> Gasoline/Diesel/Kerosene <input type="checkbox"/> Heating Oil <input type="checkbox"/> Other Petroleum Products <input type="checkbox"/> Metals <input type="checkbox"/> Other Inorganics <input type="checkbox"/> Other Organics	<input type="checkbox"/> Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Urban <input type="checkbox"/> Rural

Ownership
 1. Municipal 2. Military 3. Unknown 4. Private 5. Federal 6. County 7. State

Operation Type
 1. Public Service 2. Agricultural 3. Residential 4. Education/Relig. 5. Industrial 6. Commercial 7. Mining

IMPACT ON DRINKING WATER SUPPLIES

Water Supply Wells Affected? 1. Yes 2. No 3. Unknown

Number of Water Supply Wells Affected _____

Water Supply Wells Contaminated: *(Include Users Names, Addresses and Phone Numbers. Attach additional sheet if necessary)*

- 1.
- 2.
- 3.

UST SYSTEM OWNER

UST Owner/Company

Point of Contact

Address

City

State

Zip Code

Telephone Number

UST SYSTEM OPERATOR

UST Operator/Company

Address

City

State

Zip Code

Telephone Number

LANDOWNER AT LOCATION OF UST INCIDENT

Landowner

Address

City

State

Zip Code

Telephone Number

Draw Sketch of Area (showing two major road intersections) or Attach Map

Person Reporting Incident

Company

Telephone Number

Title

Address

Date