

UST RELEASE REPORT

RELEASE REPORT INFORMATION

RELEASE REPORTED BY: _____
PHONE NO.: _____
DATE RELEASE REPORTED: _____

SITE INFORMATION

SITE NAME: _____
SITE STREET ADDRESS: _____
CITY: _____ COUNTY: _____ ZIP: _____
FACILITY I.D. No.: _____

FACILITY OWNER INFORMATION

OWNER/OPERATOR NAME: _____
COMPANY NAME: _____
OWNER/OPERATOR STREET ADDRESS: _____
CITY: _____ COUNTY: _____ ZIP: _____
OWNER/OPERATOR PHONE NO.: _____

DESCRIPTION OF RELEASE

DATE OF DISCOVERY OF RELEASE: _____

SUBSTANCE RELEASED: ☐ Gasoline ☐ Gasoline with ethanol blend ☐ Diesel
☐ Waste Oil ☐ Kerosene ☐ Biodiesel ☐ Other (Specify) _____

ESTIMATED AMOUNT OF SUBSTANCE RELEASED: _____

HOW WAS RELEASE DISCOVERED? ☐ During closure ☐ Tank Tightness Test
☐ Line Tightness Test ☐ Line Leak Detector ☐ Vapor Monitoring
☐ Vapors Detected ☐ Environmental Audit ☐ Citizen Complaint
☐ Groundwater Monitoring ☐ Inventory Loss/Gain ☐ General Maintenance Visit
☐ Cathodic Protection Upgrade ☐ Inside Secondary Containment Sump
☐ State Inspector
☐ Statistical Reconciliation ☐ Other (Specify) _____
☐ Unexplained Loss _____
☐ Inconclusive _____

CAUSE OF RELEASE: ☐ Overfill ☐ Spill ☐ Tank Leak ☐ Line Leak
☐ Dispenser leak ☐ Leak Detector Leak ☐ Physical or Mechanical Damage
☐ Corrosion ☐ Install Problem
☐ Other: _____ ☐ Unknown at this time

SOURCE OF RELEASE: ☐ Tank ☐ Piping ☐ Dispenser ☐ Submersible Turbine Pump
☐ Delivery Problem ☐ Other (specify) _____

MANUFACTURER OF EQUIPMENT:

Tank Manufacturer: _____
Piping Manufacturer: _____
Leak Detection Manufacturer: _____

TYPE OF PIPING: ☐ Pressurized ☐ Suction
PIPING MATERIAL: ☐ Metal ☐ Fiberglass ☐ Thermoplastic (Flexible)

BRIEF DESCRIPTION OF RELEASE

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- ☐ Surficial Soil ☐ Subsurface Soil ☐ Groundwater ☐ Drainage Ditch ☐ Creek, stream, river, lake
☐ Sanitary sewer ☐ Storm sewer ☐ Public water supply well ☐ Domestic water supply
 well
☐ Non-potable water supply well ☐ Vapors inside residences ☐ Vapors inside onsite commercial building
☐ Vapors inside offsite commercial building

NAMES AND ADDRESSES OF PROPERTY OWNERS	
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Provide the names and addresses of the UST site property owner, and the adjacent property owners. If the names and addresses aren't available at the time of the reporting of the release, this information should be submitted within thirty (30) days. Provide a sketch identifying the owners of the adjacent offsite properties.

Name and Address of Onsite Property Owner:

Name	Address	City	State	Zip

Name and addresses of Adjacent Property Owners:

[illegible]

ATTACH OTHER COMMENTS AS NECESSARY

REPORTING OF RELEASES REQUIRED WITHIN 24 HOURS OF DISCOVERY	
REPORT BY PHONE (334) 270-5655	REPORT BY FAX (334) 270-5631
REPORT BY OVERNIGHT MAIL :	ADEM GROUNDWATER BRANCH 1400 COLISEUM BOULEVARD MONTGOMERY, ALABAMA 36110

REPORT BY PHONE (334) 270-5655 REPORT BY FAX (334) 270-5631

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