

UST INCIDENT NO.: \_\_\_\_\_  
Report Received by: \_\_\_\_\_**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 timeSOURCE 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**

Briefly describe the release (including but not limited to: where release was discovered, amount of free product present, location of free product). Provide/attach a sketch of the location of the release (specific or general location).

**MEDIA IMPACTED BY RELEASE**

- 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**

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:

Name	Address	City	State	Zip

**ATTACH OTHER COMMENTS AS NECESSARY**

**REPORTING OF RELEASES REQUIRED WITHIN 24 HOURS OF DISCOVERY**

REPORT BY PHONE TO ANY UST CORRECTIVE ACTION STAFF MEMBER or (334) 271-7700  
BY EMAIL TO ANY UST CORRECTIVE ACTION STAFF MEMBER

REPORT BY OVERNIGHT MAIL :    ADEM GROUNDWATER BRANCH  
1400 COLISEUM BOULEVARD  
MONTGOMERY, ALABAMA 36110