



Underground Storage Tank Management Division
72-Hour Release Report

Permit ID Number: _____ Facility Name: _____

Address: _____

Contact: _____ Telephone Number: _____

1. Number of USTs at this Site: In Service _____ Out of Service _____

2. Are any drink water wells on or near the site? YES NO

3. Is the drinking water contaminated? YES NO

4. Date release was discovered? _____

5. How was the release discovered? _____

6. Type of product(s) discovered? _____

Describe ACTIONS taken. (Attach additional sheets if necessary.) _____

7. Did you discover the CAUSE (SOURCE) of the release?* If YES, please describe. _____

** IF THE SOURCE CANNOT BE IDENTIFIED, all tanks and piping must be precision tested and the dispensers and pump heads checked for leaks. These results must be submitted to DHEC within 7 days of this release report.*

8. Recommendations to PREVENT Further Releases: _____

9. Emergency Action Taken (if applicable): _____

10. I hereby request access to the SUPERB fund. YES NO
(To be completed if the tank owner or operator is filing the report.)

11. I certify that I do not have insurance that covers releases from underground storage tanks. YES NO
(Notify proper local authorities and neighboring property owner potentially affected by the release. On correspondence please reference the PERMIT ID NUMBER.)

Reported By (PRINT): _____ Telephone Number: _____

Signature: _____ Date: _____

Received By: _____

UST 72-HOUR RELEASE REPORT

- Purpose of the form is to gather information from individuals who are reporting a release from an underground storage tank system.
- Responsible party for a release from an underground storage tank system.
- Item-by-item instructions for completing the form.
 - Enter the permit ID number and name of the facility.
 - Enter the address of the facility.
 - Enter a contact name and phone number.
 - Answer questions 1 through 7.
 - Answer questions 7 through 9, providing as much detail as necessary. The back of the form and additional pages can be used.
 - For Questions 10, initial and choose either YES or NO depending on if access to the SUPERB fund is desired.
 - For Question 11, initial if correct.
 - Print name and telephone number.
 - Sign and date.
- Form is scanned and saved electronically – Record Group Number 169, Retention Schedule 10304