Underground Storage Tank 72 Hour Release Report

Permit ID _____

Facility Name _____

Address _____

_____

Contact _____ Telephone _____

1. Number of USTs at this site: In Service _____ Out of Service _____
2. Are there any drinking 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 to: (attach additional sheets if necessary)

7. Discover the **CAUSE** of the release _____

   _____

   _____
8. **PREVENT** further release _____

   _____
9. Emergency actions taken (if applicable) _____

   _____

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 _____

Signature _____ Date _____

Received by _____