



UST Release Report

UST # _____

LUST # _____

RELEASE REPORT INFORMATION

| | | |
|--------------------------|------------------------|------|
| RELEASE REPORTED BY: | | |
| COMPANY: | PHONE: | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| DATE RELEASE DISCOVERED: | DATE RELEASE REPORTED: | |

SITE INFORMATION

| | | |
|---------------|---------|------|
| SITE NAME: | | |
| SITE ADDRESS: | | |
| CITY: | COUNTY: | ZIP: |

FACILITY OWNER INFORMATION

| | | |
|--------------------------------|--------|------|
| OWNER/OPERATOR NAME: | | |
| COMPANY NAME: | | |
| OWNER/OPERATOR STREET ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| OWNER/OPERATOR PHONE NUMBER: | | |

PROPERTY OWNER INFORMATION *(if different than facility owner):*

| | | |
|--------------------------------|--------|------|
| PROPERTY OWNER NAME: | | |
| COMPANY NAME: | | |
| PROPERTY OWNER STREET ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PROPERTY OWNER PHONE NUMBER: | | |

RELEASE INFORMATION**SUBSTANCE RELEASED:**

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> E-85 | <input type="checkbox"/> HEATING OIL |
| <input type="checkbox"/> GASOLINE | <input type="checkbox"/> DIESEL |
| <input type="checkbox"/> BIODIESEL | <input type="checkbox"/> WASTE OIL |
| <input type="checkbox"/> KEROSENE | <input type="checkbox"/> OTHER: _____ |

ESTIMATED AMOUNT OF SUBSTANCE RELEASED: _____

HOW WAS RELEASE DISCOVERED:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> UST Closure | <input type="checkbox"/> Field Office Visit | <input type="checkbox"/> Environmental Audit | <input type="checkbox"/> UST Inspection |
| <input type="checkbox"/> Vapors Detected | <input type="checkbox"/> Sump Sensor | <input type="checkbox"/> Line Leak Detector | <input type="checkbox"/> Citizen Complaint |
| <input type="checkbox"/> Service Visit | <input type="checkbox"/> Line Tightness Test | <input type="checkbox"/> Tank Tightness Test | <input type="checkbox"/> Site Check |
| <input type="checkbox"/> Cathodic Protection Testing | | <input type="checkbox"/> Inside Secondary Containment Sump | |
| <input type="checkbox"/> Tank Leak Detector (Indicate Method): _____ | | <input type="checkbox"/> Other (Specify): _____ | |

CAUSE OF RELEASE:

- | | | | | |
|--|------------------------------------|---|--|--|
| <input type="checkbox"/> Install Problem | <input type="checkbox"/> Overfill | <input type="checkbox"/> Flex Connector | <input type="checkbox"/> Spill of Customer | <input type="checkbox"/> Physical/Mechanical Problem |
| <input type="checkbox"/> Dispenser Leak | <input type="checkbox"/> Tank Leak | <input type="checkbox"/> Line Leak | <input type="checkbox"/> Leak Detector | |
| <input type="checkbox"/> Corrosion | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (Specify): _____ | | |

SOURCE OF RELEASE:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Tank | <input type="checkbox"/> Piping | <input type="checkbox"/> Submersible Turbine Pump |
| <input type="checkbox"/> Delivery Problem | <input type="checkbox"/> Dispenser | <input type="checkbox"/> Other (Specify): _____ |

PRODUCT DELIVERY:

- | | | |
|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Pressurized | <input type="checkbox"/> Suction | <input type="checkbox"/> Safer Suction |
|--------------------------------------|----------------------------------|--|

PIPING MATERIAL:

- | | | |
|--------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Steel | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Flex |
|--------------------------------|-------------------------------------|-------------------------------|

BRIEF DESCRIPTION OF THE 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 AFFECTED BY RELEASE:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Surface Soil | <input type="checkbox"/> Subsurface Soil | <input type="checkbox"/> Drainage Ditch | <input type="checkbox"/> Public Water Supply Well |
| <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Non-Potable Water Supply Well |
| <input type="checkbox"/> Vapors Inside Offsite Commercial Building | <input type="checkbox"/> Vapors Inside Residence | <input type="checkbox"/> Domestic Water Supply Well | |
| <input type="checkbox"/> Vapors Inside Onsite Commercial Building | <input type="checkbox"/> Creek/Stream/River/Lake | <input type="checkbox"/> _____ | |

RESULTS OF EXPOSURE ASSESSMENT (if immediately available):

How many private drinking water wells are located within 1,000 feet of the site? _____

How many public water supply wells are located within 1,000 feet of the site? _____

Have any drinking water supply wells been affected by contamination from this release?

Yes No

Is there imminent threat of contamination to any drinking water wells?

Yes No

Have vapors or contaminated groundwater posed a threat to the public?

Yes No

Are any underground utilities affected or imminently threatened by the release?

Yes No

Have surface waters been affected by the release?

Yes No

Is there an imminent threat of contamination to surface waters?

Yes No

What is the type of surrounding population? (*Commercial, Residential, Industrial*) _____

~ATTACH OTHER COMMENTS AS NECESSARY~

REPORT RELEASES TO IOWA DNR CENTRAL OFFICE

EMERGENCY RESPONSE
 Phone: 515/725-8694
 Fax : 515/281-7229

DNR – UST SECTION
 Phone: 515/725-8200
 Fax: 515/725-8202

Overnight Mailing Address: DNR UST Section, Wallace State Office Bldg., 502 E 9TH ST, Des Moines, IA 50319-0034

REPORT RELEASES TO APPROPRIATE DNR FIELD OFFICE

| Field Office | Phone | Fax | Field Office | Phone | Fax |
|--------------|--------------|--------------|--------------|--------------|--------------|
| 1-Manchester | 563.927.2640 | 563.927.2075 | 4-Atlantic | 712.243.1934 | 712.243.6251 |
| 2-Mason City | 641.424.4073 | 641.424.9342 | 5-Des Moines | 515.725.0268 | 515.725.0218 |
| 3-Spencer | 712.262.4177 | 712.262.2901 | 6-Washington | 319.653.2135 | 319.653.2856 |