

**Appendix B – Release (Spill) Notification Form
for Underground Storage Tanks (UST) Systems
(for owner, operator, and authorized personnel use only)**

General Information

UST Facility Name: _____ UST # _____

Address: _____

Telephone Number(s): _____

- Select:** Suspected Release
 Confirmed Release

Date Release was confirmed (month/day/year): _____

- UST System **passed** integrity tests UST System **did NOT pass** integrity tests

Source Information: - Where did the release come from? (Choose all that apply)

<input type="checkbox"/> Tank <input type="checkbox"/> Lines or Pipes <input type="checkbox"/> Dispenser <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____
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Cause Information: - Why did the release occur? (choose all that apply)

<input type="checkbox"/> Product Delivery Problems <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> UST System Installation Problems <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____

Notified by: _____ Company: _____
(Print your name)

Position: _____ Date: _____
(month/day/year)