

Confirmation of a Release & Initial Abatement Activities - Page 1 of 2

Submission of this completed form meets the report requirements for summarizing the initial abatement steps taken for a release as required in the Underground Storage Tank (UST) Regulations Section 280.62. Please submit this form within 10 days after the release confirmation by mailing to the address below, faxing to (601) 961-5093, or e-mailing to the attention of the appropriate UST project manager or to Martha Martin.

Ownership of UST System

Location of UST System

| | |
|---|--|
| Contact: | Facility Identification Number: |
| Tank Owner: | Name: |
| Address: | Address: |
| City: State: ZIP: | City: County: |
| Phone number: | Phone number: |

Release Information

| | | | |
|------------------|------------------------|--|------------------------------------|
| DATE DISCOVERED: | DATE REPORTED TO MDEQ: | ESTIMATED VOLUME LOST: Gallons = | DATE OF LAST PTT (attach results): |
|------------------|------------------------|--|------------------------------------|

HOW RELEASE DISCOVERED?

- Leak Detection Method (i.e. monitoring wells, ATG, etc.). Attach copy of records.
- Failed Precision Tightness Test (PTT). Attach copy of results. List failed components: _____
- Drinking Water well contamination. Attach copy of laboratory results.
- Tank Closure. Attach a copy of laboratory results. Results: _____
- GW/Soil samples. Attach copy of laboratory results. Results: _____
- Inventory Shortage. Attach copy of records.
- MDEQ Inspection. Inspector/Findings: _____
- Vapors in buildings, manways, etc. Location of vapors: _____
- Visually found: __surface sheen, __floating petroleum, __distressed vegetation. Location: _____
- Other: _____

| IDENTIFIED BY: | SOURCE OF RELEASE: | CAUSE OF RELEASE: | TYPE CONTAMINATION: | EXTENT OF RELEASE: |
|---|---|--|--|--|
| <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Third Party <input type="checkbox"/> Service Contractor <input type="checkbox"/> State Inspector <input type="checkbox"/> MDEQ Project Manager | <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Surface Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Dispenser <input type="checkbox"/> STP <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Physical/Mechanical Damage <input type="checkbox"/> Corrosion <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Floating Product <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Waste Oil <input type="checkbox"/> Unknown <input type="checkbox"/> Soil <input type="checkbox"/> BTEX <input type="checkbox"/> PAH <input type="checkbox"/> Groundwater <input type="checkbox"/> BTEX <input type="checkbox"/> PAH <input type="checkbox"/> Vapors | <input type="checkbox"/> Tank Pit <input type="checkbox"/> Piping Trench <input type="checkbox"/> Dispenser Area <input type="checkbox"/> Beyond Construction Excavation <input type="checkbox"/> Off Site |

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

| | | |
|----------------------|---------------------------|-------|
| Owner/Operator Name: | Owner/Operator Signature: | Date: |
|----------------------|---------------------------|-------|

