Reset Form

LEAKING UNDERGROUND STORAGE TANK (UST) INITIAL INCIDENT REPORT

State Form 54487 (R2 / 3-16)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
LEAKING UNDERGROUND STORAGE TANK SECTION

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY
LEAKING UNDERGROUND STORAGE TANK SECTION
100 N. Senate Ave., IGCN 1101
Indianapolis, IN 46204-2251
Telephone: (317) 232-8900; Fax number: (317) 234-0428
E-mail: LeakingUST@idem.in.gov

INSTRUCTIONS:

1. *In accordance with 329 IAC 9-4 and 9-5, owners and operators must report all suspected and confirmed releases within twenty-four (24) hours of discovery. The UST owner, operator or representative should fill out the form completely and submit it to IDEM along with a copy of the current UST Notification Form.*
2. *Complete one report for each release or spill (source area).*
3. *Unless corrective action is initiated in accordance with 329 IAC 9-5, the owner and operator shall immediately investigate and confirm all suspected releases within seven (7) days in accordance with 329 IAC 9-4-3.*
4. *For additional guidance of the "Source and Cause" section, go the* **www.epa.gov/oust/fedlaws/final-pub-rec-gls-011907.pdf**.
5. *E-mail completed form to LeakingUST@idem.IN.gov or fax to (317) 234-0428.*

Facility ID Number

INCIDENT/PRIORITY INFORMATION

IDEM USE ONLY	**PRIORITY**			
	☐ Low	☐ Medium	☐ High	☐ Unknown
Incident Number				

REPORTING/FACILITY/OWNER/OPERATOR INFORMATION

DATE ***(month, day, year)***		**TYPE**		**REPORTED VIA**		
Reported / /	Discovered / /	☐ Confirmed	☐ Suspected	☐ Fax Number	☐ E-mail	☐ Telephone Number

Reporter: Contact/Title ☐ Consultant		Facility: Contact/Title	
Company		Facility Name	
Street Address *(number and street)*		Street Address *(number and street)*	
City/State/ZIP code	Telephone Number	City/State/ZIP code	Telephone Number
E-mail Address		Existing Environmental Restrictive Covenant on Property ☐ Yes ☐ No	

UST Owner: Contact/Title		UST Property Owner: Contact/Title	
Company .		Company	
Street Address *(number and street)*		Street Address *(number and street)*	
City/State/ZIP code	Telephone Number	City/State/ZIP code	Telephone Number
E-mail Address		E-mail Address	
Financial Assurance Mechanism		Certificate of Financial Assurance (COFA) Number *(when applicable)*	Property Owner Notified of Release ☐ Yes ☐ No

UST SYSTEM INFORMATION/CHECK

Last Tank Tightness Test Date / /	Last Line Tightness Test Date / /	Dispenser leaking/weeping ☐ Yes ☐ No Number(s)	Product in UST Pit ☐ Yes ☐ No Feet	Product in Sumps ☐ Yes ☐ No Feet

TANK SIZE	**TANK STATUS**	**CONTENTS**	**LEAKING**	**MANIFOLDED/ COMPARTMENT**
15,000	open	☐ Gas ☐ Kerosene ☐ Diesel ☐ Used Oil ☐ Biofuel ☐ Other	☐	☐
		☐ Gas ☐ Kerosene ☐ Diesel ☐ Used Oil ☐ Biofuel ☐ Other	☐	☐
		☐ Gas ☐ Kerosene ☐ Diesel ☐ Used Oil ☐ Biofuel ☐ Other	☐	☐
		☐ Gas ☐ Kerosene ☐ Diesel ☐ Used Oil ☐ Biofuel ☐ Other	☐	☐
		☐ Gas ☐ Kerosene ☐ Diesel ☐ Used Oil ☐ Biofuel ☐ Other	☐	☐
		☐ Gas ☐ Kerosene ☐ Diesel ☐ Used Oil ☐ Biofuel ☐ Other	☐	☐
Unregulated Tanks or Additional Tank Comments				

KNOWLEDGE OF RELEASE

☐ Tank Tightness Test	☐ Tank Leak Detector	☐ UST Closure Date / /	☐ Phase II ESA Date / /	☐ UST Inspection	☐ Surface Spill Amount: 50-100 gal
☐ Line Tightness Test	☐ Line Leak Detector				
☐ Inventory loss	☐ Sump Leak Detector	☐ Site Check	☐ Cathodic Protection Testing	☐ Citizen Complaint	☐ Other

HISTORICAL RELEASES

Incident Number	☐ Active ☐ NFA	Associated with New Release ☐ Yes ☐ No
Incident Number	☐ Active ☐ NFA	Associated with New Release ☐ Yes ☐ No

SOURCE AND CAUSE

SOURCE	CAUSE						
	Spill	Overfill	Corrosion	Physical or Mechanical Damage	Install Problem	Other	Unknown
Tank	☐	☐	☐	☐	☐	☐	☐
Piping	☐	☐	☐	☐	☐	☐	☐
Dispenser	☐	☐	☐	☐	☐	☐	☐
Submersible Turbine Pump	☐	☐	☐	☐	☐	☐	☐
Delivery Problem	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐

AFFECTED AREAS

FACTORS	YES	NO	UNK		
Soil Contamination	☐	☐	☐	Highest Lab Results; Benzene ppm, Naphthalene ppm, Other ppm	
Groundwater Contamination	☐	☐	☐	Highest Lab Results; Benzene ppb, Naphthalene ppb, Other ppb	
Free Product	☐	☐	☐	Thickness feet	Area square feet
Drinking water well impacted	☐	☐	☐	Highest lab sample result ppb	Distance to well? feet
Vapors in inhabitable building	☐	☐	☐	Concentration ☐ % LEL ☐ ppm	
Utility corridors affected	☐	☐	☐	☐ Storm Sewer ☐ Sanitary Sewer ☐ Water ☐ Electric ☐ Gas ☐ Telephone ☐ Cable Concentration ☐ % LEL ☐ ppm	
Wellhead protection area within one (1) year time of travel or 1000'	☐	☐	☐	Distance? feet	
Surface water impacted	☐	☐	☐	Type	Name
Emergency Response Incident Reported?	☐	☐		Spill Number	Fire Department Notified ☐ Yes ☐ No
Other					

ADDITIONAL SITE INFORMATION

ADDITIONAL FACTORS		
Nearest inhabitable building	feet ☐ N/A	
Nearest surface water	feet ☐ N/A	
Potable water wells within 500 feet	Number of wells	Distance to nearest well
Karst/fractured bedrock	☐ Yes ☐ No	
Anticipated groundwater flow direction		

COMMENTS

Describe in detail information including, but not limited to, the source and cause of release, nature of contamination and reason for sampling:

Report received by *(IDEM Signature)*	Date *(month, day, year)*	Report submitted by *(Signature)*	Date *(month, day, year)*
Report received by *(IDEM Printed Name)*		Report submitted by *(Printed Name)*	