

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

☐ Citizen

Complaint

□ Other

☐ Cathodic Protection Testing

INSTRUCTIONS:

☐ Inventory loss

□ Sump Leak Detector

☐ Site Check

1.

(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.

In accordance with 329 IAC 9-4 and 9-5, owners and operators must report all suspected and confirmed releases within twenty-four

2. Complete one report for each release or spill (source area).

								329 IAC 9-5, t ance with 329		operator sha	all immediately	investiga (te and confirm		
	4. F 5. E	or additio	nal guida	nce of the	e "Source	and Cause	e" sec	tion, go the w	ww.epa.gov/o	ust/fedlaws	/final-pub-rec	<u>-gls-0119</u>	<u>07.pdf</u> .		
	J. L	-man con	ipieteu io	IIII lo <u>Lea</u>	ikirigUST(<u>widemin.</u>	r fax to (317) 234-0428.								
									Facility ID Number						
					INCIDE	ENT/PRI	ORI	TY INFORM							
IDEM USE O					PRIORITY										
Low Medium									High		☐ Unknow	<u>/n</u>			
Incident Numl	per														
			RFP	ORTIN	G/FACI	I ITY/OV	VNF	R/OPERAT	OR INFOR	MATION					
DATE	(month, d	av. vear)	111	PORTING/FACILITY/OWNEI TYPE					OK IIII OK		RTED VIA	ED VIA			
Reported							aatad	Пгох	lumbar			□ Tolonb	Tolophono Numbor		
1 1	1 1			☐ Confirmed ☐ Suspecte		ectea	∃ ☐ Fax Number		☐ E-ma	III	☐ Telebi	Telephone Number			
Reporter: Cor	itact/Title			Consulta	ant			Facility: Contact/Title							
Compony								Cacility Nam							
Company								Facility Name							
Street Addres	s (number a	and street	·)					Street Address (number and street)							
	,		,												
City/State/ZIP	code		Tele	ephone N	umber			City/State/ZI	Telephone N	elephone Number					
C mail Address															
E-mail Address								Existing Environmental Restrictive Covenant on Property ☐ Yes ☐ No							
UST Owner: 0	Contact/Title	;						UST Property Owner: Contact/Title							
Company								Company							
Street Addres	o (number o	and atract	1					Street Address (number and street)							
Street Addres	s (Hullibel a	anu sneet)					Street Address (number and street)							
City/State/ZIP	code		Tele	phone N	umber			City/State/ZIP code Telephone Number							
E-mail Addres	ss							E-mail Address							
Financial Account Machinian								Certificate of Financial Assurance Property Owner Notified of Release							
Financial Assurance Mechanism								(COFA) Nun		Yes No					
								,							
								RMATION	CHECK Product in US						
Last Tank Tightness Test Last Line Tightness Test Dispenser leaking/weep										Product in Sumps ☐ Yes ☐ No Feet					
Date / / Date / /				Yes No Number(s						MA	ANIFOLDED/				
TANK SIZE TANK STATU			CONT					ENTS	LEAKIN	72	MPARTMENT				
			☐ Gas	☐ Kerd	osene 🗌	Diesel	Use	ed Oil 🔲 Biot	fuel 🗌 Other						
			☐ Gas		osene 🗌	Diesel	_	ed Oil 🔲 Bio		•					
		Gas		osene _	Diesel		ed Oil Biot								
		☐ Gas					d Oil Biot								
								ed Oil Biot							
Unregulated Tanks or Additional					osene L	Diesel	USE	ed Oil 🔲 Biot	fuel						
Tank Comments															
					KN	IOWLE	OGF	OF RELEA	ASE						
											a Snill				
							-				☐ Surface Spill Amount: gal				
	1000 1001		LOUK DOL	COLOI		-	1					J			

				HISTO	ORICAL R	ELEAS	SES						
Incident Number	e NFA	Associated with New Release Yes No											
Incident Number	e NFA		Associated with New Release ☐ Yes ☐ No										
SOURCE AND CAUSE													
SOURCE CAUSE													
	Spil	Spill		erfill	Corrosio		Physical or Mechanical Damage	Install Problem	Other		Unknown		
Tank													
Piping							<u> </u>]			
Dispenser	<u> </u>			_	<u> </u>		<u> </u>	<u> </u>			<u> </u>		
Submersible Turbine Pump	⊢⊢⊢			_	닏		- -	<u> </u>]	 		
Delivery Problem Other	<u> </u>	<u> </u>		-			<u> </u>		<u> </u>	1			
AFFECTED AREAS													
Soil Contamination	YES	NO	UNK	Highest Lab Results; Benzene							Other nom		
Groundwater Contamination	- 			_				Naphthalene		Other ppm			
Free Product							ie ppb,	Naphthalene	ppb, Other ppb square feet				
Drinking water well impacted			 	Thickne		et		Area					
		Щ	╀┼	•	lab sample		ppb	Distance to	well?	feet			
Vapors in inhabitable building Utility corridors affected			Concentration									ble	
Wellhead protection area within	o, 🗆		Concentration										
one (1) year time of travel or 100 Surface water impacted				Туре			Name						
Emergency Response Incident				Spill Nu	mber		Fire Department Notified Yes N						
Reported? Other													
ADDITIONAL SITE INFORMATION													
ADDITIONAL FACTORS													
Nearest inhabitable building				feet N/A									
Nearest surface water			feet N/A										
Potable water wells within 500 fe		Number of wells Distance to nearest well											
Karst/fractured bedrock			☐ Yes ☐ No										
Anticipated groundwater flow dire	ection												
					СОММЕ								
Describe in detail information inc	luding, but	not limi	ted to, th	e source	and cause o	f release,	nature of con	tamination and re	eason for s	ampling:			
Report received by (IDEM Signature)			Dat	e (month	day, year)	Renort	submitted by (Signature)		Date (m	onth, day,	vearl	
Troport received by (IDEIVI SIGNAL		Dal	o (monul,	auy, year)	ιτοροιι	rabilitied by (oignature)		Date (III	onui, uay,	y Gai)		
Report received by (IDEM Printed		Report	submitted by (Printed Name)									