



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:**
- 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.
 - Complete one report for each release or spill (source area).
 - 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.
 - For additional guidance of the "Source and Cause" section, go the www.epa.gov/oust/fedlaws/final-pub-rec-gls-011907.pdf.
 - 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			
	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
Incident Number				

REPORTING/FACILITY/OWNER/OPERATOR INFORMATION

DATE (month, day, year)		TYPE		REPORTED VIA		
Reported / /	Discovered / /	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Suspected	<input type="checkbox"/> Fax Number	<input type="checkbox"/> E-mail	<input type="checkbox"/> Telephone Number

Reporter: Contact/Title	<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

UST Owner: Contact/Title	UST Property Owner: Contact/Title
Company	Company
Street Address (number and street)	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No

UST SYSTEM INFORMATION/CHECK

Last Tank Tightness Test Date / /	Last Line Tightness Test Date / /	Dispenser leaking/weeping <input type="checkbox"/> Yes <input type="checkbox"/> No Number(s)	Product in UST Pit <input type="checkbox"/> Yes <input type="checkbox"/> No Feet	Product in Sumps <input type="checkbox"/> Yes <input type="checkbox"/> No Feet	
TANK SIZE	TANK STATUS	CONTENTS		LEAKING	MANIFOLDED/ COMPARTMENT
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Used Oil <input type="checkbox"/> Biofuel <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
Unregulated Tanks or Additional Tank Comments					

KNOWLEDGE OF RELEASE

<input type="checkbox"/> Tank Tightness Test	<input type="checkbox"/> Tank Leak Detector	<input type="checkbox"/> UST Closure	<input type="checkbox"/> Phase II ESA	<input type="checkbox"/> UST Inspection	<input type="checkbox"/> Surface Spill
<input type="checkbox"/> Line Tightness Test	<input type="checkbox"/> Line Leak Detector	Date / /	Date / /	Amount: gal	
<input type="checkbox"/> Inventory loss	<input type="checkbox"/> Sump Leak Detector	<input type="checkbox"/> Site Check	<input type="checkbox"/> Cathodic Protection Testing	<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Other

