



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)		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 <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

HISTORICAL RELEASES

Incident Number	<input type="checkbox"/> Active <input type="checkbox"/> NFA	Associated with New Release <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Number	<input type="checkbox"/> Active <input type="checkbox"/> NFA	Associated with New Release <input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE AND CAUSE

SOURCE	CAUSE						
	Spill	Overfill	Corrosion	Physical or Mechanical Damage	Install Problem	Other	Unknown
Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submersible Turbine Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFFECTED AREAS

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

ADDITIONAL SITE INFORMATION

ADDITIONAL FACTORS	
Nearest inhabitable building	feet <input type="checkbox"/> N/A
Nearest surface water	feet <input type="checkbox"/> N/A
Potable water wells within 500 feet	Number of wells Distance to nearest well
Karst/fractured bedrock	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>(IDEM Signature)</i>	Date <i>(month, day, year)</i>	Report submitted by <i>(Signature)</i>	Date <i>(month, day, year)</i>
Report received by <i>(IDEM Printed Name)</i>		Report submitted by <i>(Printed Name)</i>	