NOTIFICATION OF RELEASE *(Owners and Operators)*

FACILITY I.D. NUMBER ____-_____

☐ Initial
☐ Follow-Up

NOTIFICATION OF CONTAMINATION *(Certified Installers and Inspectors)*

INFORMATION FOR OWNERS AND OPERATORS (O/O)

The Storage Tank Program's Corrective Action Process (CAP) regulations establish requirements for owners and operators of storage tank systems and storage tank facilities to report confirmed releases and, in certain cases, suspected releases.

Suspected Release Reporting: Upon the completion of a suspected release investigation from which it could not be determined whether a release has occurred, the owner or operator must, within 15 days of the indication of the suspected release, complete and submit this form to the appropriate regional office of the Department (Subsection 245.304(c)(2)).

Confirmed Release Reporting: The owner or operator must notify the appropriate regional office of the Department by telephone as soon as practicable, but no later than 24 hours, after the confirmation of a release (Subsections 245.305(a) and (b)). Within 15 days of that telephone notification, the owner or operator must complete and submit this form to the appropriate regional office of the Department, to each municipality in which the release occurred, and to each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines (Subsections 245.305(c) and (e)). And if new impacts to environmental media or water supplies, buildings, or sewer or other utility lines are discovered after that initial written notification, the owner or operator must, within 15 days of the discovery of the new impact, complete and submit this form to the Department and to each impacted municipality (Subsections 245.305(d) and (e)).

INFORMATION FOR CERTIFIED INSTALLERS AND INSPECTORS (I/I)

In accordance with the Storage Tank Program's certification regulations, certified installers and inspectors must complete and submit this form to the Department within 48 hours of observing any of the following while performing services as a certified installer or inspector: a release of a regulated substance; suspected or confirmed contamination of soil, surface or groundwater from regulated substances; or a regulated substance in a containment structure or facility (Subsections 245.132(a)(4) and 245.132(a)(6)).

INSTRUCTIONS

Record the storage tank facility I.D. number at the top right-hand corner of each page of this form.

Owners and Operators (O/O): Indicate if this is an initial or follow-up notification by marking the appropriate box found in the top right-hand corner of this page.

- To report a Suspected Release, complete all information in Sections I, II, IIIA, IIIC, VI, VIII and IX.
- To report a Confirmed Release, complete all information in Sections I, II, IIIA, IIIB, IIIC, IV, V, VIII and IX.

Certified Installers and Inspectors (I/I): Complete all information in Sections I, II, IIIA, IIIC, VI or VII, VIII, and IX. Attach a copy of the failed, valid tightness test results, if applicable.

PLEASE SEND COMPLETED ORIGINAL FORM TO:
PA Department of Environmental Protection
Environmental Cleanup and Brownfields Program
Storage Tank Section
(and the appropriate address below, depending on where the FACILITY is located)

Northwest Region	North-central Region	Northeast Region
230 Chestnut Street Meadville, PA 16335-3481 PHONE: 814-332-6945 / 800-373-3398 FAX: 814-332-6121	208 W. Third Street, Suite 101 Williamsport, PA 17701 PHONE: 570-327-3636 FAX: 570-327-3420	2 Public Square Wilkes-Barre, PA 18701-1915 PHONE: 570-826-2511 FAX: 570-820-4907
Counties: Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, Warren	**Counties:** Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union	**Counties:** Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming
Southwest Region	**South-central Region**	**Southeast Region**
400 Waterfront Drive Pittsburgh, PA 15222 PHONE: 412-442-4000 FAX: 412-442-4194	909 Elmerton Avenue Harrisburg, PA 17110 PHONE: 717-705-4705 / 800-541-2050 FAX: 717-705-4830	2 East Main Street Norristown, PA 19401 PHONE: 484-250-5900 FAX: 484-250-5961
Counties: Allegheny, Beaver, Cambria, Fayette, Greene, Somerset, Washington, Westmoreland	**Counties:** Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York	**Counties:** Bucks, Chester, Delaware, Montgomery, Philadelphia

I. FACILITY INFORMATION (Both O/O and I/I)

Facility Name _____ Facility I.D. Number ____-_____

Street Address (P.O. Box not acceptable) _____

City _____ State PA Zip Code ____-____

County _____ Municipality _____

Contact Person _____ Telephone Number (____) ____-_____

II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)

Owner Name _____

Address _____

City _____ State _____ Zip Code ____-____

Telephone Number (____) ____-_____

Operator Name _____ Telephone Number (____) ____-_____

III. REGULATED SUBSTANCE INFORMATION

A. Type of Product(s) Involved (Mark All That Apply ☒): Both O/O and I/I		B. Quantity (Gallons) of Product(s) Released: O/O Only	C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply ☒): Both O/O and I/I	
Leaded Gasoline	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Unleaded Gasoline	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Aviation Gasoline	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Kerosene	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Jet Fuel	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Diesel Fuel	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
New Motor Oil	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Used Motor Oil	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Fuel Oil No. 1	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Fuel Oil No. 2	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Fuel Oil No. 4	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Fuel Oil No. 5	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Fuel Oil No. 6	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Other (Specify) _____	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]
Unknown	☐	___ ___, ___ ___ ___, ___ ___ ___	☐ [S]	☐ [C]

IV. CONFIRMED RELEASE INFORMATION (O/O Only)

Date Release was Confirmed: ____ / ____ /_____ (m d y)

Date Owner/Operator Verbally Notified Appropriate Regional Office of Confirmed Release and Office Notified:

Date: ____ / ____ /_____ (m d y) Office _____

Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified:

Date: ____ / ____ /_____ (m d y) Municipality _____

Date: ____ / ____ /_____ (m d y) Municipality _____

Source (Mark All That Apply ☒):

- Tank (DEP Assigned Nos. _____) ☐
- Piping System (Aboveground Regulated) ☐
- Piping System (Underground Regulated) ☐
- Piping System (Non-Regulated) ☐
- Dispenser/Dispensing Equipment ☐
- Spill Prevention Equipment ☐
- Submersible Turbine Pump Head/Fittings ☐
- Containment/Sump Failure ☐
- Other (Specify) _____ ☐
- Unknown ☐

Cause (Mark All That Apply ☒):

- Faulty Installation ☐
- Corrosion ☐
- Physical/Mechanical Failure ☐
- Spill During Delivery ☐
- Overfill at Delivery ☐
- Vehicle Gas Tank Overfill ☐
- Product Delivery Hose Rupture ☐
- Accident/Natural Disaster ☐
- Other (Specify) _____ ☐
- Unknown ☐

How Discovered (Mark All That Apply ☒):

- During Closure ☐
- Lining Installation ☐
- Routine Leak Detection ☐
- Third Party Inspection ☐
- Tightness Testing Activities ☐
- Visible Product or Odor Reports ☐
- Water in Tank ☐
- Construction ☐
- Upgrade/Repair ☐
- Supply Well Sample Results ☐
- Monitoring Well Sample Results ☐
- Property Transfer ☐
- Other (Specify) _____ ☐
- Unknown ☐

Environmental Media Affected and Impacts (Mark All That Apply ☒):

- Soil ☐
- Sediment ☐
- Surface Water ☐
- Ground Water ☐
- Bedrock ☐
- Water Supplies ☐
- Vapors/Product in Buildings ☐
- Vapors/Product in Sewer/Utility Lines ☐
- Ecological Receptors ☐

V. INTERIM REMEDIAL ACTIONS (O/O Only)

Indicate the Interim Remedial Actions Planned, Initiated or Completed (Mark All That Apply ☒):

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks	☐	☐	☐	☐
Fire, Explosion and Safety Hazards Mitigated	☐	☐	☐	☐
Contaminated Soil Excavated	☐	☐	☐	☐
Free Product Recovered	☐	☐	☐	☐
Water Supplies Identified and Sampled	☐	☐	☐	☐
Temporary Water Supplies Provided	☐	☐	☐	☐
Other (Specify) _____	☐	☐	☐	☐

VI. SUSPECTED RELEASE / CONTAMINATION INFORMATION (Both O/O and I/I)

Date the Indication of a Suspected Release / Contamination was Observed: ____ / ____ / _____
m d y

Indication of Suspected Release / Contamination (Mark All That Apply ☒):

- ☐ Unusual Level of Vapors
- ☐ Erratic Behavior of Product Dispensing Equipment
- ☐ Release Detection Results Indicate a Release
- ☐ Discovery of Holes in the Storage Tank
- ☐ Containment Sump Test Failure
- ☐ Spill Prevention Equipment Test Failure
- ☐ Other (Specify) _____

VII. CONFIRMED CONTAMINATION INFORMATION (I/I Only)

Date the Confirmed Contamination was Observed: ____ / ____ / _____
m d y

Extent of Confirmed Contamination (Mark All That Apply ☒):

- ☐ Product Stained or Product Saturated Soil or Backfill
- ☐ Ponded Product
- ☐ Free Product or Sheen on Ponded Water
- ☐ Free Product or Sheen on the Ground Water Surface
- ☐ Free Product or Sheen on Surface Water
- ☐ Other (Specify) _____

VIII. ADDITIONAL INFORMATION (Both O/O and I/I)

Provide any additional, relevant, available information concerning the release or contamination. If reporting a confirmed release, include specific details about the source and cause of the release, the affected environmental media, and any impacts to water supplies, buildings, or sewer or other utility lines. Owners or Operators reporting a suspected release should describe what procedures were followed to investigate the indication(s) of the suspected release noted in Section VI. Provide both DEP-assigned and owner/operator-assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

IX. CERTIFICATION (Both O/O and I/I)

OWNER OR OPERATOR CERTIFICATION

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____/_____/_____
Signature of Owner or Operator Date

CERTIFIED INSTALLER CERTIFICATION

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____/_____/_____
Signature of Certified Installer Date

_____ _____
Installer Certification Number Company Certification Number

CERTIFIED INSPECTOR CERTIFICATION

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ _____/_____/_____
Signature of Certified Inspector Date

_____ _____
Inspector Certification Number Company Certification Number