



RELEASE REPORT: **SUSPECTED** **CONFIRMED**

THIS INFORMATION IS REQUIRED UNDER 1994 PA 451, AS AMENDED (Act 451). FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ACT MAY RESULT IN A MISDEMEANOR AND/OR CIVIL PENALTIES NOT TO EXCEED \$5000 PER DAY, PER TANK

INSTRUCTIONS: This form applies to releases of petroleum and hazardous substances from underground storage tanks regulated under Part 211, Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (PA 451).

The owner or operator must report suspected and confirmed releases to the Waste and Hazardous Materials Division (WHMD) within 24 hours of discovery. The report may be made by a consultant on behalf of the owner/operator. Phone **1-800-MICHUST**, FAX this form to 517-335-2245, or submit the web form from the WHMD web site www.state.mi.us/std. All information on this form must be provided regardless of whether the release is reported by telephone, FAX, or web form. For further information see Page 2.

| WHMD USE ONLY | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| FACILITY NUMBER | ENTRY DATE |
| UPGRADE/CANCEL DATE | INCIDENT NUMBER |
| DATE REPORTED | TIME REPORTED <input type="checkbox"/> AM <input type="checkbox"/> PM |
| REPORTED BY: <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> VOICE MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL | |
| Signature | |

| | | |
|--------------------------|---------------------------------|-------------------------------------|
| PERSON REPORTING RELEASE | COMPANY (IF NOT OWNER/OPERATOR) | TELEPHONE NUMBER: () |
| TANK REMOVAL CONTRACTOR | CONTRACTOR CONTACT | CONTRACTOR TELEPHONE NUMBER: () |

| I. OWNERSHIP OF TANKS | | | II. LOCATION OF TANKS | | | |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) | | | FACILITY NAME OR COMPANY SITE IDENTIFIER | | | |
| STREET ADDRESS | | | STREET ADDRESS (P O Box Not Acceptable) | | | |
| CITY | STATE | ZIP CODE | CITY | COUNTY | STATE MI | ZIP CODE |
| TELEPHONE NUMBER () | | | TELEPHONE NUMBER () | | | |
| DATE RELEASE DISCOVERED: TIME RELEASE DISCOVERED: <input type="checkbox"/> AM <input type="checkbox"/> PM | | | CONTACT PERSON FOR LOCATION | | | |
| TANK NUMBER ¹ (if known) | | | | | | |
| SIZE OF TANK (gallons) | | | | | | |
| SUBSTANCE RELEASED | | | | | | |
| SOURCE OF RELEASE (check one per Cause) | <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments) |
| CAUSE OF RELEASE (check one per Source) | <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments) | <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments) |

COMMENTS (attach additional sheets if necessary):

DISTRIBUTION: WHMD, FACILITY FILE, DISTRICT OFFICE, OWNER ¹ Copy this page for additional tanks if needed.



RELEASE REPORT FORM EQP3826

- Suspected release must be canceled or upgraded within 14 working days. The underground storage tank (UST) owner/operator is responsible for the release investigation.
- For a confirmed release, the owner/operator shall conduct initial response activities, and shall obtain the services of a Qualified Underground Storage Tank Consultant to perform corrective actions (site characterization and cleanup), in accordance with Part 213, Leaking Underground Storage Tanks, of Act 451.
- A site assessment pursuant to Part 211, Underground Storage Tank Regulations, of Act 451 is not required if a confirmed release has been reported for the UST system (tank and piping).
- If the UST is not registered, the owner/operator must submit a completed registration form with the \$100 per tank fee prior to UST removal.
- After the UST system(s) has/have been removed from the ground, the owner/operator must submit an amended registration form to avoid future billing for closed tanks.
- Closure in place of the UST by cleaning and filling 100 percent with a solid inert material (sand, concrete, or gravel) is permitted only if the tank removal would jeopardize the integrity of building structures above or close to the tank. Otherwise, the tank must be removed from the ground. It is the responsibility of the owner/operator to make the determination and retain supporting documentation.

If you have any questions, please contact the WHMD at 517-335-2690 or e-mail DEQ-STD-TANKS@state.mi.us.