

APPENDIX 5-B

CONFIRMED RELEASE NOTIFICATION FORM

| STATE USE ONLY | | | |
|---|-------------|------------|----------------|
| Facility ID: | Release ID: | Date Sent: | Date Received: |
| GENERAL INFORMATION AND INSTRUCTIONS | | | |
| <p>This form should be completed immediately and only after reporting a confirmed release by telephone within 24-hours to the Hawai'i DOH UST Section. Completion of this notice will serve to fulfill part of the notification requirements of HAR 11-64-71. Please type or print in ink all items except "Signature" in Section III. This form must be completed for each UST release occurrence. Completed form must be mailed to: Department of Health, Solid and Hazardous Branch. 2827 Waimano Home Road, Pearl City, Hawaii 96782</p> | | | |
| I. REPORTING PARTY AND FACILITY INFORMATION | | | |
| 24-Hour Reporting Party Name, Title, & Affiliation: | | | |
| Facility Name & Address: | | | |
| Facility Contact Person, Affiliation, & Address: | | | |
| Facility Information: (Check only one item) <input type="checkbox"/> Gas Station <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> State Government <input type="checkbox"/> Commercial <input type="checkbox"/> Utilities <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Federal Non-Military <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Airline <input type="checkbox"/> County Government <input type="checkbox"/> Federal Military <input type="checkbox"/> Truck/ Transportation | | | |
| II. RELEASE INFORMATION (Circle all that apply in Items A-H) | | | |
| A. Source of the Release: Piping Tank(s) Spill Overfill If "Tank(s)" list tank sizes: | | | |
| B. Method of Discovery & Confirmation: Closure Monthly Release Detection Tightness Test Site Check Other (Specify): | | | |
| C. Estimated Quantity of Substance Released: Gallons Unknown | | | |
| D. Type of Substance Released: Unleaded Gas Leaded Gas Diesel Used or Waste Oil Hazardous Substance Other (Specify): | | | |
| E. Immediate Hazards: Explosion Fire Vapor Exposure Recoverable Free Product Drinking Water Threat Other (Specify): | | | |
| F. Release Impact: Surface Water Ground Water Soil Air | | | |
| G. Migration Pathways: None Utility Conduits Subsurface Drains Sewer Lines Unknown Other (Specify): | | | |
| H. Actions Taken: Evacuated Nearby Area/Removed UST Contents/Recovered Free Product/Excavated Soils/Ground Water/Recovery Other (Specify): | | | |
| III. UST OWNER OR OPERATOR CERTIFICATION (Read and sign after completing all sections to the extent possible) | | | |
| I certify under penalty of law that I have examined and am familiar with the information submitted in this notice, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true and accurate. | | | |
| Name, Title, & Company: | | | |
| Signature: | | Date: | |
| DOH Form CRN (8/92) | | | |