**CONFIRMED RELEASE NOTIFICATION FORM**

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| **STATE USE ONLY** |
| Facility ID: | Release ID:  | Date Received: |
| **GENERAL INFORMATION AND INSTRUCTIONS** |
| **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- 280.1-61. Please type or print in inkall 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 #100, Pearl City, Hawaii 96782 |
| **I. REPORTING PARTY AND FACILITY INFORMATION** |
| 24-Hour Reporting Party Name, Title, Affiliation: Phone Number: |
| Facility Name & Address: |
| Facility Contact Person, Affiliation, & Address: |
| Landowner Name, Affiliation & Address:E-mail address:Phone Number ( ) | Lessor Name, Affiliation & Address:E-mail address: Phone Number ( ) | Lessee Name, Affiliation & Address:E-mail address:Phone Number ( ) |
| **II. RELEASE INFORMATION** (Circle all that apply in Items A-I) |
| **A. Source of the Release:** If "Tank(s)" list tank sizes:  | Piping | Tank(s) | Spill |  Overfill Problems |  Dispenser | Submersive Turbine Pump |  Delivery Problems |
| **B. Cause of the Release:**Other (Specify): | Spill Overfill Physical / Mechanical Damage Corrosion Installation Problem  |
| **C. Method of Discovery & Confirmation:**  Other (Specify): | Closure | Monthly Release Detection Tightness Test | Site Check |
| **D. Estimated Quantity of Substance Released:** \_\_\_\_\_ Gallons \_\_\_\_\_ Unknown |
| **E. Type of Substance Released:** Unleaded Gas Leaded Gas Diesel Used or Waste Oil Hazardous Substance  Other (Specify): |
| **F. Immediate Hazards:** Explosion Fire Vapor Exposure Recoverable Free Product Drinking Water Threat Other (Specify): |
| **G. Release Impact:** | Surface Water |  Ground Water  | Soil | Air |
| **H. Migration Pathways:** Other (Specify): | None | Utility Conduits | Subsurface Drains | Sewer Lines  | Unknown |
| **I. Actions Taken:** Evacuated Nearby Area Removed UST Contents Recovered Free Product Excavated Soils Other (Specify): | Ground Water Recovery |
| **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 (10/18) |