**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) | | | | |