

FORM INSTRUCTIONS: Use this form to report suspected/confirmed PST releases to the Texas Commission on Environmental Quality (TCEQ) within 24 hours of discovery. Forms may be e-mailed (pstrpr@tceq.state.tx.us), faxed (512/239-2216), or phoned in (512/239-2200). Call 512/239-2120 for emergencies during regular business hours, or if after hours, page 512/606-9197.

TEXAS PETROLEUM STORAGE TANK PROGRAM INCIDENT REPORT FORM

Facility Information	Facility Name: _____ Address: _____ City: _____ County: _____ Facility ID: _____ Ghost tank(s)? <input type="checkbox"/> Y <input type="checkbox"/> N Pre-existing LPST ID? <input type="checkbox"/> N <input type="checkbox"/> Y: # _____
Responsible Party (RP) Information	Contact Person: _____ Phone: _____ Company: _____ Fax: _____ Address: _____ City: _____ State: _____ Zip: _____ The RP is the . . . <input type="checkbox"/> tank owner <input type="checkbox"/> tank operator <input type="checkbox"/> landowner <input type="checkbox"/> other
Release reported by (if different than RP):	Contact person: _____ Phone: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____
Insurance Provider	Name of insurance provider: _____ Policy No.: _____ Date insurance provider was notified about this release: _____

RELEASE DETAILS

<input type="checkbox"/> Confirmed	<input type="checkbox"/> AST	Date discovered: _____	Date reported to TCEQ: _____	Tank system piping:	<input type="checkbox"/> pressurized
<input type="checkbox"/> Suspected	<input type="checkbox"/> UST				<input type="checkbox"/> suction/gravity
					<input type="checkbox"/> unknown

Check all that apply:

<u>Release discovery</u> <input type="checkbox"/> Routine tank closure or site assessment <input type="checkbox"/> Free product or sheen <input type="checkbox"/> Odors <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Probe or sensor <input type="checkbox"/> Inventory records <input type="checkbox"/> Tank tightness test failure <input type="checkbox"/> Line tightness test failure <input type="checkbox"/> Groundwater monitoring well <input type="checkbox"/> 1-mo. SIR failure or "inconclusive" <input type="checkbox"/> 2-mo. inventory control discrepancy <input type="checkbox"/> Vapor detection (auto or manual) <input type="checkbox"/> Public or private water supply contaminated	<u>Substance</u> <input type="checkbox"/> Gasoline (leaded, unleaded, unknown) <input type="checkbox"/> Diesel/Fuel oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Hydraulic/ transmission/ mineral oil <input type="checkbox"/> Jet fuel/kerosene <input type="checkbox"/> Petroleum of unknown type <input type="checkbox"/> Hazardous subst. (describe in Comments) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe in Comments)	<u>Impacted media</u> <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water <input type="checkbox"/> Soil <input type="checkbox"/> Air <u>Cause</u> <input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Phys/mech damage <input type="checkbox"/> Faulty installation <input type="checkbox"/> Corrosion <input type="checkbox"/> Other (describe in Comments) <input type="checkbox"/> Unknown	<u>Source</u> <input type="checkbox"/> Tank <input type="checkbox"/> Dispenser <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Turbine <input type="checkbox"/> Pump (STP) Area <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Other (describe in Comments) <input type="checkbox"/> Unknown
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Comments/Notes

<<< TCEQ USE ONLY >>> **PM:** complete this form when a PST release is reported to TCEQ, and provide to Admin Staff for LPST number assignment. Initial here to assign new LPST no.: _____ PM _____ TL/2nd Reviewer. **ADMIN** - fax completed form to RP & enter into appropriate databases. **NEW LPST ID# :** _____ Priority Code: _____ Region No.: _____ County Code: _____