



UST-LUST Section  
 1110 West Washington Street  
 Phoenix, Arizona 85007  
[USTCAS@azdeq.gov](mailto:USTCAS@azdeq.gov)  
 602-771-0333

ADEQ use only

## 24 Hour Release Notification

(For Releases Discovered Based On Equipment-Related Issues)

Use this form only to report releases based on UST equipment, failed leak detection results, or inventory discrepancies. Otherwise use the form at the link below to report releases based on contaminated media (such as stained soil, groundwater contamination, petroleum vapors, or analytical results):

[http://static.azdeq.gov/forms/lust\\_24hr\\_release\\_notif\\_cont.pdf](http://static.azdeq.gov/forms/lust_24hr_release_notif_cont.pdf)

**REQUIRED: Release Type – Choose one**

Suspected<sup>1</sup> (Discovery Date: \_\_\_\_\_)     Confirmed<sup>2</sup> (Confirmation Date: \_\_\_\_\_)

**REQUIRED: Person Reporting the Release**

|  |        |
|--|--------|
| Reported date:   | Name:  |
| Telephone:   | Email: |
| Person type: <input type="checkbox"/> ADEQ staff <input type="checkbox"/> UST owner or operator <input type="checkbox"/> Consultant <input type="checkbox"/> Other (_____) |        |

**REQUIRED: Facility Information**

|                          |         |
|--------------------------|---------|
| ADEQ Facility ID Number: | Name:   |
| Address:                 | City:   |
| Zip Code:                | County: |

**REQUIRED: UST Owner Information**

|                |                |
|----------------|----------------|
| Company name:  | Contact name:  |
| Contact phone: | Contact email: |

**REQUIRED: UST Operator Information**

Same as UST owner

|                |                |
|----------------|----------------|
| Company name:  | Contact name:  |
| Contact phone: | Contact email: |

**REQUIRED: UST(s) Involved with Release**

|             |                          |
|-------------|--------------------------|
| Tank no(s): | Tank size(s) in gallons: |
|-------------|--------------------------|

UST equipment that is the source for release reporting:

|   |   |   |  |
|---|---|---|--|
| Product(s):                                     | <input type="checkbox"/> UL premium gasoline        | <input type="checkbox"/> Biodiesel (B_____) | <input type="checkbox"/> Aviation fuel           |
| <input type="checkbox"/> Unleaded (UL) gasoline | <input type="checkbox"/> Ethanol flex fuel (E_____) | <input type="checkbox"/> Used/waste oil     | <input type="checkbox"/> Jet fuel (specify_____) |
| <input type="checkbox"/> UL mid-grade gasoline  | <input type="checkbox"/> Diesel                     | <input type="checkbox"/> New oil            | <input type="checkbox"/> Unknown                 |

<sup>1</sup>Suspected releases are releases that may have occurred from the UST system but further investigation is needed to determine if a release to the environment did occur. See Arizona Revised Statutes § 49-1001 for legal definition.

<sup>2</sup>Confirmed release means free product was discovered or laboratory analytical results indicated a confirmed release. See Arizona Administrative Code R18-12-101 for legal definition. In addition, see ADEQ's [UST Release Confirmation substantive policy statement](#) for more information at <http://azdeq.gov>.

**REQUIRED: Reason(s) for Reporting the Release – Check all that apply**

- Failed monthly leak detection ( SIR  CSLD  ATG (0.2 GPH)  Interstitial  Other ( \_\_\_\_\_ ))
- Failed tightness test ( Tank  Line  Turbine sump  Under-dispenser containment (UDC)  Spill bucket)
- Erratic behavior of dispensing equipment ( Slow pump flow  Pump shut off)
- Inventory fluctuations/sudden loss of product from UST (estimated \_\_\_\_\_ gallons)
- Unexplained presence of water in UST ( \_\_\_\_\_ inches)
- Extraordinary operating conditions ( \_\_\_\_\_ )
- Spill or overfill equipment failure

**REQUIRED: Investigation and Containment Actions Taken to Date (examples: shut down lines, scheduled tightness testing)**

**REQUIRED IF CONFIRMED: Corrective Actions Taken to Date**

**OPTIONAL: Additional Information Related to Release**

(examples: number or specific month(s) of failed monthly leak detection, specific dispenser number, observations)

Has the Stage II vapor recovery system been decommissioned?  Yes (Date: \_\_\_\_\_)  No

**OPTIONAL: Please Attach the Following**

- Site map indicating UST equipment involved
- Copies of documentation related to release (examples: failed tightness test results, ATG printouts)
- Labeled photos (examples: spill bucket cracks, defective sump penetration boots)
- Equipment repair documentation

**OPTIONAL: Would you like to speak with an UST inspector or request a site visit?**

I would like to request a call from ADEQ to discuss this release  Yes  No

I would like to request a site visit from ADEQ to discuss this release  Yes  No

**Save the file name as yyyy\_mm\_dd\_FAC0-0XXXXX\_24HrNotificationE**

Example: 2017\_04\_20\_FAC0-001234\_24HrNotificationE

**When complete, email the reporting form to [USTCAS@azdeq.gov](mailto:USTCAS@azdeq.gov)**

*Note: Some UST insurance providers require insureds to notify them of a suspected release. Please ensure that you review the notification requirements in your policy.*