PETROLEUM RELEASE NOTIFICATION - 30 DAY FORM

****FOR STATE USE ONLY**

FID# _____ Release# _____ TREADS ID _____

Facility Name _____

Facility City _____

Project Manager _____

PM Email _____

PM Phone Number _____

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
CONTAMINATED SITE CLEANUP BUREAU
PO BOX 200901 HELENA, MT 59620-0901
(406) 444-6444

Distribute CC Address: _____ E-Submit Reset Form

Completion of this form is required under authority of the Administrative Rules of Montana 17.56.601 and 40 CFR 280.62-63. Failure to provide complete and accurate information by the date below is considered a violation of law and may result in enforcement action.

This completed form must be returned to the project manager (postmarked or submitted electronically) by: _____ Use "Save As..." filename: _____

A. PERSON COMPLETING FORM

Name: _____ Date of Form Completion: _____

Position/Title: _____ Phone Number: _____

Email: _____

☐ By checking this box; I affirm that the information provided herein is accurate to the best of my knowledge.

B. FACILITY INFORMATION

Facility Name: _____

Previous Facility Name: _____ Date Name was Changed: _____

Street Address (No P.O. Box Numbers): _____

City: _____ County: - _____ ZIP: _____ Phone: _____

Latitude / Longitude of Point of Release or Location of Encountered Contamination:

Latitude: _____ Longitude: _____

(Use World Geodetic System 1984 [WGS84] and decimal degrees) ?

C. OWNERSHIP INFORMATION

Contact Person: _____ Check if correspondence should be copied electronically ☐

Mailing Address: _____

Contact Person Email (optional): _____ Phone: _____ Business

UST System Operator: _____ Copy Correspondence? No: ☐ Electronic: ☐ Print: ☐

Mailing Address (if different): _____

UST System Operator Email (optional): _____ Phone: _____ Business

UST System Owner: _____ Copy Correspondence? No: ☐ Electronic: ☐ Print: ☐

Mailing Address (if different): _____

UST System Owner Email (optional): _____ Phone: _____ Business

Property Owner: _____ Copy Correspondence? No: ☐ Electronic: ☐ Print: ☐

Mailing Address (if different): _____

Property Owner Email (optional): _____ Phone: _____ Business

Immediately Previous Property Owner: _____

Mailing Address: _____

If you have difficulty understanding or gathering any part of the information requested on this form, contact the DEQ at (406) 444-6444.

D. SITE CHARACTERISTICS

DEQ is concerned about consumption of contaminated groundwater and vapors impacting a nearby utility corridor or basement. To help evaluate the potential threat to public health and the environment, please provide the following information as completely as possible. Also, locate these features on the site sketch map on page 6.

1. Describe the soil type(s) (sand, clay, etc.) and change with depth (include a diagram, if necessary).

2. Ground cover at point of release: ☐ Asphalt ☐ Concrete ☐ Native Soil ☐ Other

Will this change in the near future?: ☐ Yes ☐ No

3. Depth to Groundwater (ft) _____ How was this determined?: _____

4. Groundwater flow direction: _____ How was this determined?: _____

(Note: Good sources of information are DNRC, GWIC [Ground-Water Information Center - http://mbmggwic.mtech.edu/] and County Sanitarians

5. Was water present in the excavation? ☐ Yes ☐ No ☐ N/A

6. Was a petroleum sheen (rainbow or scum) present on top of the water? ☐ Yes ☐ No ☐ N/A

7. Was petroleum free product in the excavation or on the water? ☐ Yes ☐ No ☐ N/A

8. Did water or soil have a petroleum odor? ☐ Yes ☐ No ☐ N/A

9. Are water supply wells (domestic or public) located on your property or on an adjacent property? ☐ Yes ☐ No

10. Distance and direction from release to underground utilities servicing release property.
Note that while underground utilities may not be present on the release property they could still possibly be receptors (e.g. storm sewers).

Storm Sewer Present: Unknown
Water Line Present: Unknown
Water Line Service Present: Unknown
Sanitary Sewer Present: Unknown
Sanitary Sewer Service Present: Unknown

11. Distance and direction from release to nearest surface water (river, lake, irrigation/drainage ditch, etc.).

Type of Surface Water: -None-

12. Name, address, and phone number of persons or businesses affected by this release, such as vapor problems or contaminated water (explain on additional pages if necessary).

13. Other petroleum sources in the immediate area (on and off your facility) (type, distance, direction).

14. Nearby Structures (cross reference and identify on Facility Sketch map on Page 7)

(a) Nearest Building Information: Distance: _____ Direction: ☐

Building Foundation Type: ☐ Basement ☐ Crawl Space ☐ Slab on Grade ☐ Other

Use or occupancy: _____

Is building on same property as release? ☐ Yes ☐ No

Occupant contact person: _____ Phone Number: _____

Property Owner: _____ Phone Number: _____

(b) Next Nearest Building Information: Distance: _____ Direction: ☐

Building Foundation Type: ☐ Basement ☐ Crawl Space ☐ Slab on Grade ☐ Other

Use or occupancy _____

Is building on same property as release? ☐ Yes ☐ No

Occupant contact person: _____ Phone Number: _____

Property Owner: _____ Phone Number: _____

E. RELEASE DISCOVERY

NOTE: Contaminated soil or elevated analytical results also constitute discovery of a release.

1. Release was confirmed/discovered through (check ALL that apply):

☐ Visual (stained or saturated soil) ☐ Leak Detection Equipment ☐ Odors ☐ PID Vapor Meter

☐ Vapor Meter Reading (Not PID) ☐ Tank/Piping Removal ☐ Surface Release ☐ Inventory Records

☐ Tightness Test

☐ Soil Samples

☐ Environmental Site Assessment

☐ Complaint

2. Date/Time Release was suspected: _____ _____ Date/Time Release was confirmed: _____ _____

3. Date/Time release was reported to DEQ: _____ _____ Who was contacted at DEQ? _____

4. Type(s) of Product lost: _____

Quantity (if known): _____ If diesel or used motor oil, was product used for heating? ☐ Yes ☐ No ☐ N/A

5. Describe how release was discovered. Provide dates and times and names of persons involved.

F. SOURCE AND CAUSE OF RELEASE

1. Source of Release. Check One:

- ☐ Active Tank
- ☐ Found Tank
- ☐ Active Product Piping
- ☐ Found Piping
- ☐ Dispenser/Dispenser Island
- ☐ Tanker Loading Area
- ☐ Submersible Turbine Pump (STP)
- ☐ Secondary Containment
- ☐ Vent or Vapor Recovery Lines
- ☐ Fill Pipe
- ☐ AST Hose/Nozzle
- ☐ Delivery into Tank Fill Pipe
- ☐ Historical Contamination
- ☐ Other (describe sources and circumstances):
- ☐ Unknown (describe potential sources and circumstances):

2. Cause of Release. Check One:

- ☐ Corrosion/Deterioration/Wear
- ☐ Malfunctioned or Failed Component
- ☐ Loose Fitting (not worn out)
- ☐ Physical or Mechanical Damage
- ☐ Installation Problem
- ☐ Historical Contamination
- ☐ Other (describe cause and circumstances):
- ☐ Overfill (Tank)
- ☐ Overfill (Tanker)
- ☐ Overfill (Vehicle)
- ☐ Spill (Not overfill)
- ☐ Vandalism
- ☐ Unknown (describe possible cause and circumstances):

3. Detailed Source of Contamination Tank Systems

Identify or describe all tank systems that are sources (or possible sources) of contamination in the table with the corresponding tank identification numbers from DEQ's list of known active and out-of-use USTs. If the source tank system has not previously been reported to the DEQ, please complete the information on a DEQ Non-Notifier Form. For a copy of this form, contact the DEQ Waste and Underground Storage Tank Program at (406) 444-5300.

Tank Number	Capacity/Age (gallons/years)	Specify UST or AST	Date Last Used or "Active"	Current or Last Product Stored	Previous Products Stored
	/	☐ UST ☐ AST		None (Empty)	None
	/	☐ UST ☐ AST		None (Empty)	None
	/	☐ UST ☐ AST		None (Empty)	None

G. RELEASE RESPONSE

1. Describe any equipment that was repaired or replaced (attach photos)

Was a permit issued? ☐ Yes ☐ No ☐ N/A

2. Location of any removed tanks or pipes:

3. Name of primary repair contractor: _____ Phone: _____

4. Name of excavation contractor: _____ Phone: _____

5. Was WATER or PETROLEUM PRODUCT removed from the excavation or release? ☐ Yes ☐ No

(Note: Disposal or treatment of contaminated soil, water, or product must be approved by DEQ.)

6. Was CONTAMINATED SOIL removed from the excavation? ☐ Yes ☐ No

(Note: Disposal or treatment of contaminated soil, water, or product must be approved by DEQ.)

Attach a Separate Document

H. ACTUAL RESPONSE NARRATIVE

Explain in detail what actions were taken to respond to the release. Include dates, times, contractors, procedures, and any other information which would be helpful.

Add an Additional Narrative Page

I. FACILITY SKETCH MAP

?

Sketches, images, or maps showing release location, street names, location of current and all former tanks and piping, soil borings and monitoring wells, supply wells, ditches, streams, utilities, paved (concrete and asphalt) areas, property lines, all buildings on site and adjacent property, etc. (include approximate dimensions and a north arrow). Attach a city or topographic map showing facility location and photographs, if available.

Add a Map, Image, or Diagram

Add an Additional Page