

**NOTIFICATION OF RELEASE (Owners and Operators)**

FACILITY I.D. NUMBER \_\_\_\_\_

☐ Initial  
☐ Follow-Up**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)****INFORMATION FOR OWNERS AND OPERATORS (O/O)**

The Storage Tank Program's Corrective Action Process (CAP) regulations establish requirements for owners and operators of storage tank systems and storage tank facilities to report confirmed releases and, in certain cases, suspected releases.

**Suspected Release Reporting:** Upon the completion of a suspected release investigation from which it could not be determined whether a release has occurred, the owner or operator must, within 15 days of the indication of the suspected release, complete and submit this form to the appropriate regional office of the Department (Subsection 245.304(c)(2)).

**Confirmed Release Reporting:** The owner or operator must notify the appropriate regional office of the Department by telephone as soon as practicable, but no later than 24 hours, after the confirmation of a release (Subsections 245.305(a) and (b)). Within 15 days of that telephone notification, the owner or operator must complete and submit this form to the appropriate regional office of the Department, to each municipality in which the release occurred, and to each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines (Subsections 245.305(c) and (e)). And if new impacts to environmental media or water supplies, buildings, or sewer or other utility lines are discovered after that initial written notification, the owner or operator must, within 15 days of the discovery of the new impact, complete and submit this form to the Department and to each impacted municipality (Subsections 245.305(d) and (e)).

**INFORMATION FOR CERTIFIED INSTALLERS AND INSPECTORS (I/I)**

In accordance with the Storage Tank Program's certification regulations, certified installers and inspectors must complete and submit this form to the Department within 48 hours of observing any of the following while performing services as a certified installer or inspector: a release of a regulated substance; suspected or confirmed contamination of soil, surface or groundwater from regulated substances; or a regulated substance in a containment structure or facility (Subsections 245.132(a)(4) and 245.132(a)(6)).

**INSTRUCTIONS**

Record the storage tank facility I.D. number at the top right-hand corner of each page of this form.

**Owners and Operators (O/O):** Indicate if this is an initial or follow-up notification by marking the appropriate box found in the top right-hand corner of this page.

- To report a Suspected Release, complete all information in Sections I, II, IIIA, IIIC, VI, VIII and IX.
- To report a Confirmed Release, complete all information in Sections I, II, IIIA, IIIB, IIIC, IV, V, VIII and IX.

**Certified Installers and Inspectors (I/I):** Complete all information in Sections I, II, IIIA, IIIC, VI or VII, VIII, and IX. Attach a copy of the failed, valid tightness test results, if applicable.

**PLEASE SEND COMPLETED ORIGINAL FORM TO:**

PA Department of Environmental Protection  
Environmental Cleanup and Brownfields Program  
Storage Tank Section

(and the appropriate address below, depending on where the FACILITY is located)

**Northwest Region**

230 Chestnut Street  
Meadville, PA 16335-3481  
PHONE: 814-332-6945 / 800-373-3398  
FAX: 814-332-6121

**Counties:** Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, Warren

**North-central Region**

208 W. Third Street, Suite 101  
Williamsport, PA 17701  
PHONE: 570-327-3636  
FAX: 570-327-3420

**Counties:** Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union

**Northeast Region**

2 Public Square  
Wilkes-Barre, PA 18701-1915  
PHONE: 570-826-2511  
FAX: 570-820-4907

**Counties:** Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming

**Southwest Region**

400 Waterfront Drive  
Pittsburgh, PA 15222  
PHONE: 412-442-4000  
FAX: 412-442-4194

**Counties:** Allegheny, Beaver, Cambria, Fayette, Greene, Somerset, Washington, Westmoreland

**South-central Region**

909 Elmerton Avenue  
Harrisburg, PA 17110  
PHONE: 717-705-4705 / 866-825-0208  
FAX: 717-705-4830

**Counties:** Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York

**Southeast Region**

2 East Main Street  
Norristown, PA 19401  
PHONE: 484-250-5900  
FAX: 484-250-5961

**Counties:** Bucks, Chester, Delaware, Montgomery, Philadelphia

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**V. INTERIM REMEDIAL ACTIONS (O/O Only)**Indicate the Interim Remedial Actions Planned, Initiated or Completed (Mark All That Apply ☒):

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire, Explosion and Safety Hazards Mitigated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated Soil Excavated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Product Recovered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supplies Identified and Sampled .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Water Supplies Provided .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. SUSPECTED RELEASE / CONTAMINATION INFORMATION (Both O/O and I/I)**Date the Indication of a Suspected Release / Contamination was Observed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d yIndication of Suspected Release / Contamination (Mark All That Apply ☒):

- |   |  |
|---|--|
| <input type="checkbox"/> Unusual Level of Vapors                          | <input type="checkbox"/> Containment Sump Test Failure           |
| <input type="checkbox"/> Erratic Behavior of Product Dispensing Equipment | <input type="checkbox"/> Spill Prevention Equipment Test Failure |
| <input type="checkbox"/> Release Detection Results Indicate a Release     | <input type="checkbox"/> Other (Specify) _____                   |
| <input type="checkbox"/> Discovery of Holes in the Storage Tank           |  |

**VII. CONFIRMED CONTAMINATION INFORMATION (I/I Only)**Date the Confirmed Contamination was Observed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d yExtent of Confirmed Contamination (Mark All That Apply ☒):

- |  |  |
|--|--|
| <input type="checkbox"/> Product Stained or Product Saturated Soil or Backfill | <input type="checkbox"/> Free Product or Sheen on the Ground Water Surface |
| <input type="checkbox"/> Ponded Product  | <input type="checkbox"/> Free Product or Sheen on Surface Water            |
| <input type="checkbox"/> Free Product or Sheen on Ponded Water                 | <input type="checkbox"/> Other (Specify) _____                             |

**VIII. ADDITIONAL INFORMATION (Both O/O and I/I)**

Provide any additional, relevant, available information concerning the release or contamination. If reporting a confirmed release, include specific details about the source and cause of the release, the affected environmental media, and any impacts to water supplies, buildings, or sewer or other utility lines. Owners or Operators reporting a suspected release should describe what procedures were followed to investigate the indication(s) of the suspected release noted in Section VI. Provide both DEP-assigned and owner/operator-assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

**IX. CERTIFICATION (Both O/O and I/I)****OWNER OR OPERATOR CERTIFICATION**

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa.  
(Print Name)

**C.S.A.** §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner or Operator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**CERTIFIED INSTALLER CERTIFICATION**

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa.  
(Print Name)

**C.S.A.** §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Certified Installer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Installer Certification Number

\_\_\_\_\_  
Company Certification Number

**CERTIFIED INSPECTOR CERTIFICATION**

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa.  
(Print Name)

**C.S.A.** §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Certified Inspector

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Certification Number

\_\_\_\_\_  
Company Certification Number