



Iowa Department of Natural Resources
Underground Storage Tank Section
6200 Park Ave Ste 200
Des Moines IA 50321

UST Release Report

UST # _____

LUST # _____

RELEASE REPORT INFORMATION

Release Reported By: _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Release Discovered: _____ Date Release Reported: _____

SITE INFORMATION

Site Name: _____

Site Address: _____

City: _____ County: _____ Zip: _____

FACILITY OWNER INFORMATION

Owner/Operator Name: _____

Company Name: _____

Owner/Operator Street Address: _____

City: _____ State: _____ Zip: _____

Owner/Operator Phone Number: _____

PROPERTY OWNER INFORMATION (if different than facility owner):

Property Owner Name: _____

Company Name: _____

Property Owner Address: _____

City: _____ State: _____ Zip: _____

Property Owner Phone Number: _____

RELEASE INFORMATION

SUBSTANCE RELEASED:

<input type="checkbox"/> Gasoline	<input type="checkbox"/> E-85	<input type="checkbox"/> Heating Oil
<input type="checkbox"/> Biodiesel	<input type="checkbox"/> Diesel	<input type="checkbox"/> Waste Oil
	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Other: _____

Estimated Amount of Substance Released: _____

HOW WAS RELEASE DISCOVERED:

<input type="checkbox"/> UST Closure	<input type="checkbox"/> Field Office Visit	<input type="checkbox"/> Environmental Audit	<input type="checkbox"/> UST Inspection
<input type="checkbox"/> Vapors Detected	<input type="checkbox"/> Sump Sensor	<input type="checkbox"/> Line Leak Detector	<input type="checkbox"/> Citizen Complaint
<input type="checkbox"/> Service Visit	<input type="checkbox"/> Line Tightness Test	<input type="checkbox"/> Tank Tightness Test	<input type="checkbox"/> Site Check
<input type="checkbox"/> Cathodic Protection Testing		<input type="checkbox"/> Inside Secondary Containment Sump	
<input type="checkbox"/> Tank Leak Detector (Indicate Method): _____		<input type="checkbox"/> Other (Specify): _____	

CAUSE OF RELEASE:

<input type="checkbox"/> Install Problem	<input type="checkbox"/> Overfill	<input type="checkbox"/> Flex Connector	
<input type="checkbox"/> Dispenser Leak	<input type="checkbox"/> Tank Leak	<input type="checkbox"/> Spill of Customer	<input type="checkbox"/> Physical/Mechanical Problem
<input type="checkbox"/> Corrosion	<input type="checkbox"/> Unknown	<input type="checkbox"/> Line Leak	<input type="checkbox"/> Leak Detector
		<input type="checkbox"/> Other (Specify): _____	

SOURCE OF RELEASE:

<input type="checkbox"/> Tank	<input type="checkbox"/> Piping	<input type="checkbox"/> Submersible Turbine Pump
<input type="checkbox"/> Delivery Problem	<input type="checkbox"/> Dispenser	<input type="checkbox"/> Other (Specify): _____

PRODUCT DELIVERY:

☐ Pressurized ☐ Suction ☐ Safer Suction

PIPING MATERIAL:

☐ Steel ☐ Fiberglass ☐ Flex**BRIEF DESCRIPTION OF THE RELEASE:**

Briefly describe the release (including but not limited to where release was discovered, amount of free product present, location of free product). Provide/attach a sketch of the location of the release (specific or general location).

MEDIA AFFECTED BY RELEASE:

<input type="checkbox"/> Surface Soil	<input type="checkbox"/> Subsurface Soil	<input type="checkbox"/> Drainage Ditch	<input type="checkbox"/> Public Water Supply Well
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Non-Potable Water Supply Well
<input type="checkbox"/> Vapors Inside Offsite Commercial Building	<input type="checkbox"/> Vapors Inside Residence	<input type="checkbox"/> Domestic Water Supply Well	
<input type="checkbox"/> Vapors Inside Onsite Commercial Building	<input type="checkbox"/> Creek/Stream/River/Lake	<input type="checkbox"/> _____	

RESULTS OF EXPOSURE ASSESSMENT (if immediately available):

How many private drinking water wells are located within 1,000 feet of the site? _____

How many public water supply wells are located within 1,000 feet of the site? _____

Have any drinking water supply wells been affected by contamination from this release?

☐ Yes ☐ No

Is there imminent threat of contamination to any drinking water wells?

☐ Yes ☐ No

Have vapors or contaminated groundwater posed a threat to the public?

☐ Yes ☐ No

Are any underground utilities affected or imminently threatened by the release?

☐ Yes ☐ No

Have surface waters been affected by the release?

☐ Yes ☐ No

Is there an imminent threat of contamination to surface waters?

☐ Yes ☐ NoWhat is the type of surrounding population? (*Commercial, Residential, Industrial*) _____

~ATTACH OTHER COMMENTS AS NECESSARY~

REPORT RELEASES TO IOWA DNR CENTRAL OFFICE

EMERGENCY RESPONSE
Phone: 515-725-8694
DNR "Report a Spill" Webpage

DNR - UST SECTION
Phone: 515-725-8200
Fax: 515-725-8201

Overnight Mailing Address: DNR UST Section, 6200 Park Ave Ste 200, Des Moines, IA 50321**REPORT RELEASES TO APPROPRIATE DNR FIELD OFFICE**

Field Office	Phone	Fax
1-Manchester	563-927-2640	563-927-2075
2-Mason City	641-424-4073	641-424-9342
3-Spencer	712-262-4177	712-262-2901
4-Atlantic	712-243-1934	712-243-6251
5-Des Moines	515-725-0268	515-725-8201
6-Washington	319-653-2135	319-653-2856