PETROLEUM STORAGE TANK BUREAU - INITIAL INCIDENT REPORT

(For reporting confirmed and suspected releases including those related to failures from periodic testing)

Form Date: 9/29/2021

Facility ID	
Owner ID	
Release ID	(office use)
AI ID	(office use)

Contact Information	County:	District: 1 2 3 Date Received:
Caller Name:		Phone:
Facility Name:		
Facility Physical Address:		
Facility City/Zip Code:		
Owner Information		
Responsible Tank Owner:		Phone:
Address:		City
State: Zip Code:	Contact Name:	
Contact Name Phone #:	[-mail:
	if different than tank owner)	
Responsible Tank Operato	or:	Phone:
Address		City:
State: Zip Code:	Contact Name:	
Contact Name Phone #:	E	-mail:
Release Information		
Confirmed Sus	pected Leaking Tank Type?	AST UST Hybrid Both AST & UST Unknown
Type of Product Lost(1)?_	Type of Product L	ost(2)? Type of Product Lost(3)?
• •	-	el, Avgas, Jet Fuel, New Lube Oil, Waste Oil, TCE, Kerosene, Unknown
		O "Tank Information-Suspected Releases" BELOWVolume released:
		Unknown
		Removing tank system Repairing tank system
-		Contact Name:Phone:
	en informed of their responsibilit	
Contaminated saturated s		icsicsitoonknown
Hydro-geological Infor		
Depth to groundwater:	ft (Enter 0-10, 11-20, 21-3	0, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100, >100, or unknown)
		n) Surface waters endangered? Yes No Unknown
Actual/Possible Impact	_	
Vapors in building:		

Source Informat	tion - Where did the	e release come from? Spill Prevention	Containment Sump D	ispenser/Loading Rack	
Flex Connector Submersible turbine pump area Delivery Problem					
Other, please	e describe in commer	nt section below			
Comments: (Pleas	se provide as much ir	nformation as possible abou	t the probable source(s) of the	release.)	
<u>Cause Information</u> - Why did the release occur? Spill Overfill Corrosion (if corrosion is the only apparent cause of the release) Installation Problem Physical or Mechanical Damage Other, please specify in comment field below					
Comments: (Pleas	se provide as much ir	nformation as possible abou	t the cause(s) of the release.)		
Unknown (If cause and source of release is not known, please state why below): <u>Tank Information</u> - Suspected Releases					
Tank ID	Capacity	Contents	Date of Tank Installation	Date of Piping Installation	
Suspected Releas	e Information* (Wha	at are the conditions for sus	specting a release?)(check all t	hat apply)	
1 1	· · · · · · · · · · · · · · · · · · ·	vapors in soils, basements, s e site conditions in the com	ewer, utility lines, groundwate ment field below)	r, drinking water, or	
Enter: No substance	from system, Unexplai	low of product, Erratic function	n of product dispensing equipment Presence of a regulated substance	_	
Monthly being cor	-	leak detection tests were n	ot a "pass" or "normal," or no i	monthly monitoring	

	econciliation monthly results were d-party vendor within 24-hours.	either a "fail" or "ii	nconclusive" that v	were not
Periodic testing or con	tinuous monitoring of spill preven	tion equipment has	failing results.	
Periodic testing or con	tinuous monitoring of secondary o	containment sumps	has failing results	
Presence of regulated	substances in containment sumps	. Inches/Level:		
Annual test of Automa	atic Tank Gauge (ATG) system indic	cates it is not perfor	ming monthly mo	nitoring.
Primary tank of double	e walled tank failed tightness test.			
discovery. An appropriate system of a system test such as a line to result, then a site check is required. Owners and operators who do release, or another time frame	NMAC, owners and operators sha em test(s) shall be conducted in or ightness test conducted in respon ired. not demonstrate that a release has approved by the department, sha ant to request additional time to n	der to determine if use to a suspected reserved some some some some some some some some	there was a release lease has either a n 30 days of the requirements for	se to the environment a failed or inconclusive eporting of a suspected a confirmed release in
, , , , , , , , , , , , , , , , , , ,	Joe Godwin, Program Manager Prevention and Inspection Progr 2905 Rodeo Park Drive East, Bldg Santa Fe, NM 87505	am		·
*Please provide a copy of records	, test reports, and inspection reports	pertaining to the susp	ected release when	submitting this form.
FOR NMED USE ONLY				
Assignment Information				
Report received by:		_Date:	Phone:	
Assigned to:		Date:	Phone:	
PI SCSR ID #:				
Suspected release referred	l to Remedial Action Program for S	Site Check.		
Suspected release referred	l to Remedial Action Program as co	onfirmed release.		

Suspected release with Remedial Action Program is determined to be a confirmed release.

Date Referred:

Tank ID	Capacity	Contents	Date of Tank Installation	Date of Piping Installation