Underground Storage Tank Leak Documentation Form

Facility Information Facility Name Facility Address City State Zip Code **Contact Person** Phone Number **Tank Information** Tank ID Tank Size (gallons) **Tank Material** Substance Stored **Leak Details Date Detected** Time Detected **Detection Method** Estimated Volume Leaked Leak Location Details

No contractions of the other
Description of Leak
Actions Taken
nmediate Actions Taken
lotifications Made
ouncations made
Cleanup Actions
Additional Comments