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| UST-17A | UST Suspected Release 24 Hour Notice | | | | | | | | | | | |  |
| Do **not** use this form to report a 24 hour notice of a Pollution Incident. You must use form UST-61, *24 Hour Release and UST Leak Reporting Form.*   * This form **must** be used to report to DEQ, within 24 hours of discovery, a Suspected Release from any of the following:   1. Failed or inconclusive **leak detection** or **tightness test** results. This includes positive test results, such as “Increase”, which indicates the level in the UST system has increased more than 0.2 gph.   2. **Unusual operating** conditions which can include, but are not limited to: the erratic behavior of dispensing equipment; the unexplained presence of water in the tank; the presence of fuel in containment sumps or interstitial spaces; or the degradation of any equipment or element of an underground storage tank system to the point where that equipment or element can not reasonably be expected to perform its intended function.   3. **Internal inspection** results such as, perforations, corrosion holes, weld failures, or other similar defects that indicate a release could have occurred. * If you have more than four UST systems to report suspected releases, then attach additional sheets of the UST-17A form. You only need to list the UST systems at your site that have suspected releases. * Within 7 days of discovery, submit a UST-17B form to document the response activities taken to investigate the suspected release. * Please submit this form to: NCDEQ/DWM, UST Section   1646 Mail Service Center  Raleigh, North Carolina 27699-1646  OR  Fax to (919) 715-1117 OR [UST.Permits@deq.nc.gov](mailto:UST.Permits@deq.nc.gov) | | | | | | | | | | | | | |
| I. UST OWNER | | | | | | | II. UST FACILITY | | | | | | |
| Name: | | | | | | | Name: | | | Facility ID: | | | |
| Address: | | | | | | | Address: | | | | | | |
| City: | | | State: | | Zip: | | City: | | | County: | | | |
| Person Reporting: | | | | Title of Person Reporting: | | | | | Telephone Number:  (   ) | | | Date Submitted: | |
| III. UST INFORMATION | | | | | | | | | | | | | |
| Tank Number / Size: | | / | | | | / | | / | | | / | | |
| Product Stored: | |  | | | |  | |  | | |  | | |
| Location and/or source of suspected release:  (check all that apply) | | Tank  Piping  Tank Sump  Dispenser Sump  Spill Bucket  Internal Inspection  Other (Explain in comments) | | | | Tank  Piping  Tank Sump  Dispenser Sump  Spill Bucket  Internal Inspection  Other (Explain in comments) | | Tank  Piping  Tank Sump  Dispenser Sump  Spill Bucket  Internal Inspection  Other (Explain in comments) | | | Tank  Piping  Tank Sump  Dispenser Sump  Spill Bucket  Internal Inspection  Other (Explain in comments) | | |
| Leak detection method or other observation that indicates a suspected release. (e.g., ATG, SIR, visual contamination, fuel in sump, etc.): | |  | | | |  | |  | | |  | | |
| Failed/Inconclusive date or date that leak detection method suspected release discovered: | |  | | | |  | |  | | |  | | |
| **IV. COMMENTS** | | | | | | | | | | | | | |
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| UST-17A Revised 10/2018 http://www.wastenotnc.org/ | | | | | | | | | | | | | |