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:
  a) 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.
  b) **Unusual operating** conditions which can include but are not limited to: erratic behavior of dispensing equipment; unexplained presence of water in a tank; presence of a regulated substance in containment sumps or interstitial spaces; degradation of any equipment or element of an underground storage tank system to the point where that equipment or element cannot reasonably be expected to perform its intended function; unless it is determined that a regulated substance was not released to the environment, defective equipment was immediately repaired/replaced, and any liquid in the interstitial space was immediately removed.
  c) **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 (984) 236-8310 OR 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