

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
PETROLEUM STORAGE TANK PROGRAM  
RELEASE DETERMINATION REPORT**

**INSTRUCTIONS:** Use this form to report 1) the results from the investigation of a suspected or confirmed release from a UST or an AST, or 2) the results of the **permanent removal from service** of a UST, or 3) any routine environmental site assessment (ESA) at PST sites where a 'no further action' letter from TCEQ is desired (routine AST removals and routine ESAs are not specifically regulated by TCEQ). Refer to *Investigating and Reporting Releases from Petroleum Storage Tanks* (RG-411) for more information. The initial report of a suspected or confirmed release must be made within 24 hours of discovery using the form, ***PST Program Incident Report (IR) form (TCEQ-20097)***. Submit completed forms to the PST Program, TCEQ, MC-137, P.O. Box 13087, Austin, Texas 78711-3087. **DO NOT MODIFY THIS FORM IN ANY WAY. COMPLETE ALL APPLICABLE BLANKS.** Incomplete forms, including forms missing relevant attachments, are considered deficient and will need to be corrected and resubmitted.

**RDR CHECKLIST**

**PLEASE NOTE: The following documents are required to be attached to this form upon submittal. Complete the checklist and attach each listed document to the back of the form, or provide a written statement explaining why a particular item on the checklist is not applicable/not available:**

Scaled site diagram(s) showing location and layout of tank system(s), including pipe chases, dispensers, and any remote fill ports; all sampling points, North arrow, scale, and nearest intersection(s). Previously removed tank systems should also be indicated.

Written description of tank removal activities, including removal of substances from tanks, tank cleaning/purging/inerting activities, and tank condition (corrosion holes, tears, rust, etc.). Include description and condition of piping and dispenser equipment.

Photographs (originals or high resolution color copies) of the site showing all parts of tank system (tanks, dispensers, piping, etc.), all excavated areas including excavation bottoms, stockpiles, etc.

Written description of site sampling activities, including sampling equipment used, decontamination procedures, sample collection and handling methods, sampling locations and summary of overall sampling rationale.

Boring logs and well completion diagrams/well reports, as applicable. Logs should include field screening. Please ensure P.G. requirements are followed.

Soil and groundwater analytical tables indicating contaminant concentrations for each of the chemicals tested. Record the exact analytical value in the tables. Do not use nominal terms such as non-detect.

Copies of signed laboratory reports, complete chain-of-custody and laboratory check-in sheet documentation including sample receipt temperature, sample preservation methods, date and time of sample collection and receipt, laboratory QA/QC, etc.

A statement certifying that at the time the data in this report were generated, the laboratory was NELAC-accredited through the Texas Laboratory Accreditation Program for the environmental matrices, analytical methods, and parameters analyzed or cite the exception allowed under 30 Texas Administrative Code §25.6.

A narrative or checklist to document an independent review of the laboratory data package. Documents the acceptability and usability of the data for a release determination, problems or anomalies in the data, and the resolution of any noted laboratory issues.

Tank destruction documentation (no. of tanks, size(s), former contents, tank composition [e.g., steel, fiberglass, etc.]), including date of disposal and facility name, address, and contact information.

Waste disposal, treatment, recycling or reuse documentation, including waste manifests signed and dated by all relevant parties. Manifests should have all required signatures and dates, and show waste type, quantities, and units.

Copy of original Construction Notification form filed with the TCEQ regional office for the field activity.

Copy of amended *UST or AST Registration and Self-Certification form* (TCEQ-00724), as applicable. Originals should be sent to the PST Registration Team (MC-138), TCEQ, P.O. Box 13087, Austin, TX 78711-3087.

RCAS and CAPM, or LOSS signatures are required on page 7 of this form.

A Drinking Water Survey Report (DWSR) completed in accordance with RG-428. Required when samples from a properly constructed temporary or permanent monitoring well indicate groundwater is impacted above PST Program action levels.

## SUMMARY

Based on the information obtained during this release determination and by comparing the non-detected results and the detected results to the method quantitation limits (MQLs) and the PST Program action levels, check all that apply:

There is no evidence of a new release, and this Release Determination Report is being submitted to document a suspected release incident, e.g., failed/ inconclusive statistical inventory reconciliation (SIR) or inventory control records, equipment failures, or other incidents, that were subsequently resolved.

This is not an LPST site. Analytical results indicate that contaminant concentrations do not exceed PST Program action levels and there is no other evidence of environmental contamination.

The analytical results for one or more contaminants exceeded the PST Program action levels.

Tank pit water was present. If present, was a water sample collected and analyzed?      **YES**      **NO**

PST Program action levels exceeded for one or more contaminants?      **YES**      **NO**

A representative groundwater sample from a properly constructed monitoring well was collected and analyzed. PST Program action levels were exceeded for one or more contaminants?      **YES**      **NO**      If **YES**, a Drinking Water Survey Report is required.

This site is a new LPST site. **Complete the Financial Assurance Section.**

This site is a current LPST site, there is no evidence of a new release, and this Release Determination Report is being submitted as the tank removal-from-service documentation.

This is a closed LPST site, there is no evidence of a new release and this Release Determination Report is being submitted as the tank removal-from-service documentation or as a routine environmental site assessment (ESA). Please include a site map, cumulative analytical tables for both groundwater and soil, cumulative groundwater gauging data, laboratory data, closure letter, etc. from the closed LPST site which supports the conclusion that current concentrations are associated with the formerly investigated release.

## FINANCIAL ASSURANCE

Is this site covered by a current financial assurance mechanism (typically insurance) as required by 30 TAC 37.815?      **YES**      **NO**

If covered by insurance, please state the carrier and policy number:

Has the tank owner or operator notified the insurance carrier of a release?      **YES**      **NO**      **NOT APPLICABLE**

Will the responsible party be using financial assurance to complete the next appropriate step?

**YES**      **NO**      **PENDING INSURANCE COMPANY CLAIM**

If no financial assurance mechanism covers or will be used at this site, what mechanism will be used to address the corrective action needs at this site?

## A. GENERAL INFORMATION

Pre-existing LPST site?	NO YES LPST ID #:	Closure date:	TCEQ Region:
Facility ID #:	Required unless one of the following applies:		
Check here if tank registration is not required for this site (per 30 TAC §334.7), <b>and</b> check one of the following as applicable:			
The tank(s) are partially excluded or exempted from jurisdiction under 30 TAC Chapter 334. Specify type or usage of tank(s):			
The tank(s) were permanently removed from the ground before May 8, 1986 (provide date of removal):			
The tank(s) remained in the ground but were emptied, cleaned, and filled with inert substance before January 1, 1974 (provide date of activities):			
The tank(s) were out of operation, their existence was unknown (i.e., "ghost tank"), <b>and</b> they were permanently removed from service within 60 days of their discovery (provide date of discovery: and describe method of discovery):			
<b>Facility Name:</b>	Regulated Entity Number (RN):		
Facility Physical Address:			
Facility City:	County:		
<b>Tank Owner:</b>	Ownership: From:	To:	
Tank Owner Mailing Address:			
City:	State:	Zip:	
Tank Owner Contact Person:	Phone:	Fax:	
Email address:			
Tax ID*:	Entity Type**:	Entity Status**:	
Registered Agent:	Has this Tank Owner filed Bankruptcy:		
<b>Tank Owner:</b>	Ownership: From:	To:	
Tank Owner Mailing Address:			
City:	State:	Zip:	
Tank Owner Contact Person:	Phone:	Fax:	
Email address:			
Tax ID*:	Entity Type**:	Entity Status**:	
Registered Agent:	Has this Tank Owner filed Bankruptcy:		
<b>Tank Operator:</b>	Operation: From:	To:	
Tank Operator Mailing Address:			
City:	State:	Zip:	
Tank Operator Contact Person:	Phone:	Fax:	
Email address:			
Tax ID*:	Entity Type**:	Entity Status**:	
Registered Agent:	Has this Tank Operator filed Bankruptcy:		

\* <https://mycpa.cpa.state.tx.us/coa/Index.html>

\*\* <http://www.sos.state.tx.us/corp/sosda/index.shtml>

<b>Tank Operator:</b>		Operation: From:	To:
Tank Operator Mailing Address:			
City:		State:	Zip:
Tank Operator Contact Person:		Phone:	Fax:
Email address:			
Tax ID*:	Entity Type**:	Entity Status**:	
Registered Agent:		Has this Tank Operator filed Bankruptcy:	
<b>Property Owner:</b>		Ownership: From:	To:
Property Owner Mailing Address:			
City:		State:	Zip:
Property Owner Contact Person:		Phone:	Fax:
Email address:			
Tax ID*:	Entity Type**:	Entity Status**:	
Registered Agent:		Has this Property Owner filed Bankruptcy:	
<b>Property Owner:</b>		Ownership: From:	To:
Property Owner Mailing Address:			
City:		State:	Zip:
Property Owner Contact Person:		Phone:	Fax:
Email address:			
Tax ID*:	Entity Type**:	Entity Status**:	
Registered Agent:		Has this Property Owner filed Bankruptcy:	
<b>Which of these parties will be responsible for the corrective actions at this site? Tank Owner</b>			
<b>Tank Operator</b>		<b>Property Owner</b>	
<b>Other (not the contractor or consultant):</b>			
Name:		Customer Number (CN):	
Mailing Address:			
City:		State:	Zip:
Contact Person:		Phone:	Fax:
Email address:			
Note that no matter which party conducts corrective action, multiple parties may be jointly liable for the necessary corrective actions.			

\* <https://mycpa.cpa.state.tx.us/coa/Index.html>

\*\* <http://www.sos.state.tx.us/corp/sosda/index.shtml>

## A. GENERAL INFORMATION (continued)

Indicate ALL tanks **currently and formerly** located at this site (attach pages as necessary):

<u>Type (UST/AST)</u>	<u>Product Type</u>	<u>Size (gallons)</u>
-----------------------	---------------------	-----------------------

Current:

Date Removed from Service

Former:

## B. SUSPECTED RELEASE INFORMATION

**Complete this section and sections D through F as appropriate when a release is suspected to have occurred.**

Date suspected release discovered: \_\_\_\_\_ Reason release suspected: \_\_\_\_\_

Date suspected release reported to TCEQ: \_\_\_\_\_ Reported to: \_\_\_\_\_

Possible source(s) of release: (check all that apply) Tanks:    USTs    ASTs    Piping    Overfills/spills    Unknown  
 Other (explain): \_\_\_\_\_

Type of substance(s) suspected released (check all that apply):    Gasoline    Diesel    Used Oil    Aviation Gasoline  
 Jet Fuel (type): \_\_\_\_\_ Alcohol-blended fuel (type and percentage of alcohol): \_\_\_\_\_  
 Other (be specific): \_\_\_\_\_

Were UST/AST system tank and/or line tightness tests performed?    **YES**    **NO**    If **YES**, attach test data and results.  
 Did the tests indicate that all tanks and piping were tight?    **YES**    **NO**    If **NO**, specify the portion of the tank system(s) that were found not to be tight: \_\_\_\_\_

Were any repairs conducted on the tank system(s)?    **YES**    **NO**    If **YES**, describe type(s) and location of repairs: \_\_\_\_\_

Were tightness tests performed after repairs were conducted?    **YES**    **NO**    If **YES**, attach test data and results.  
 Did the tests indicate that the repaired items were tight?    **YES**    **NO**    If **NO**, specify the portion of the tank system(s) that were found not to be tight: \_\_\_\_\_

Were any soil confirmation samples collected?    **YES**    **NO**    If **YES**, were all potential source areas investigated?  
**YES**    **NO**    If samples were collected, attach descriptions of sample locations, collection methods, and laboratory results.

Were any groundwater confirmation samples collected?    **YES**    **NO**    If **YES**, were all potential source areas investigated?  
**YES**    **NO**    If samples were collected, attach descriptions of sample locations, collection methods, aquifer name, and laboratory results. (Groundwater sampling is not required at this point unless there is reason to suspect an impact.)

### C. CONFIRMED RELEASE INFORMATION

Complete this section if a release was confirmed.

Date release confirmed:	Date release reported to TCEQ:	Reported to:			
Is this the first release from a UST or AST discovered at this site?	<b>YES</b>	<b>NO</b>			
Are there any contaminants or potential impacts to human health from any source other than the tank system(s) at this site?	<b>YES</b>	<b>NO</b> If <b>YES</b> , indicate type and location of contamination:			
Reported to TCEQ by:	Representing:				
Method of release discovery:					
Samples collected during tank removal-from-service activities	Impact to utility line				
Samples collected during other tank system construction activities	Impact to surface water				
Samples collected during release determination investigation	Impact to water well				
Samples collected during an environmental site assessment	Other:				
Method of release confirmation (check all that apply):					
Soil samples	Tank pit water	Groundwater samples	Surface water samples	Presence of NAPL	
Source(s) of release (check all that apply):	USTs	ASTs	Piping	Dispenser	Submersible Turbine Pump
Area	Overfills/spills	Unknown	Other (be specific):		
Substance(s) released (check all that apply):	Gasoline	Diesel	Used Oil	Aviation Gasoline	
Alcohol-blended fuel (Type and percentage of alcohol):					
Jet Fuel (type):					
Other (be specific):					
Amount of product released:	Chemical Abstract Service registry #:	(for hazardous substances)			
Were any soil samples collected?	<b>YES</b>	<b>NO</b>	If <b>YES</b> , attach descriptions of sample locations, collection methods and laboratory results.		
Type of native soil (check one):	Clay or silt	Sand, gravel or rock			
Were any tank pit water or groundwater confirmation samples collected?	<b>YES</b>	<b>NO</b>	If <b>YES</b> , attach descriptions of sample locations, collection methods, and laboratory results.		
Known Impact(s) (check all that apply):	Soil	GW	Surface Water	Subsurface Utilities (type):	
Buildings	Water wells	Other sensitive receptors (be specific):			
Was the land owner (if different from the tank owner or tank operator) notified of the contamination?	<b>YES</b>	<b>NO</b>	If <b>YES</b> , attach copy of the letter which provided the notification. If <b>NO</b> , documentation that notification was provided must be submitted within 30 days from the date the impact is discovered.		
Possibly Threatened (check all that apply):	GW	Surface Water	Subsurface Utilities (type):		
Buildings	Water wells	Other sensitive receptors (be specific):			
Was NAPL detected (greater than 0.01 feet)?	<b>YES</b>	<b>NO</b>	If <b>YES</b> , describe how and where it was detected, the thickness(s) detected, and the recovery actions taken:		
Were abatement measures initiated to stop the release or to recover the released substance?	<b>YES</b>	<b>NO</b>	If <b>YES</b> , describe the abatement and/or recovery measures taken and the dates and duration of the activities:		

**D. FIRE/TCEQ/OTHER OFFICIALS NOTIFIED**

Were any officials notified (check one)? **YES** **NO** If **YES**, indicate:

Name

Representing

Phone Number

Date(s) Notified

Were any directives issued by TCEQ, fire, or other officials (check one)? **YES** **NO** If **YES**, describe directives and actions taken in response to the directive(s):

Were any officials present (check one)? **YES** **NO** If **YES**, indicate:

Name

Representing

Phone Number

Date(s) Present

**E. WASTE DISPOSITION**

Indicate the status of all wastes and other materials generated. If waste is reused, detail the purpose and location.

Type of waste (soil, water, product)

Quantity and Units

Method and location of disposal or treatment

## F. REPORT PREPARATION

**This form must be signed by the tank owner or operator, or property owner as well as either 1) a LOSS or 2) a CAPM and CAS.**

A Licensed On-Site Supervisor (LOSS) may complete and sign this form when the supervisor is acting in an approved capacity for tank removal-from-service or tank system repair activities.

Licensed On-Site Supervisor: \_\_\_\_\_ ILP Reg. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Based on the results of the site investigation and the additional information presented herein, I certify that the site investigation activities performed either by me, or under my direct supervision, including subcontracted work, were conducted in accordance with accepted industry standards/practices and further, that all such tasks were conducted in compliance with applicable TCEQ published rules, guidelines and the laws of the State of Texas. I have reviewed the information included within this report, and consider it to be complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties.

LOSS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Corrective Action Project Manager (CAPM): \_\_\_\_\_ PM Reg. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Based on the results of the site investigation and the additional information presented herein, I certify that the site investigation activities performed either by me, or under my direct supervision, including subcontracted work, were conducted in accordance with accepted industry standards/practices and further, that all such tasks were conducted in compliance with applicable TCEQ published rules, guidelines and the laws of the State of Texas. I have reviewed the information included within this report, and consider it to be complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties.

CAPM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AND**

CAS Representative: \_\_\_\_\_ CAS Reg. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

By my signature affixed below, I certify that I am the duly authorized representative of the Correction Action Specialist (CAS) named and that I have personally reviewed the site investigation results and other relevant information presented herein and considered them to be in accordance with accepted standards/practices and in compliance with the applicable TCEQ published rules, guidelines and the laws of the State of Texas. Further, that the information presented herein is considered complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties.

Signature of CAS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Tank Owner or Operator, or Property Owner contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

By my signature affixed below, I certify that I have reviewed this report for accuracy and completeness of information regarding points of contact and the facility and storage tank system history and status. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report related to the contact information, and the facility and storage tank system history and status information, I may be subject to administrative, civil, and/or criminal penalties. I attest that I have reviewed this report for accuracy and completeness. I understand that I am responsible for addressing this matter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_