

REGULATED SUBSTANCE RELEASE REPORT (RSRR)

For Releases in the Source Water Protection Areas

The following information must be submitted **within seven (7) days** of any regulated substance release within the Source Water Protection Area that reaches a pervious ground surface and is not fully contained and remediated within 24 hours.

This report is designed to supplement the initial release notification information required to be reported to the Ground Water Consortium Manager within 24 hours of the release. The RSRR must be submitted to:

*Tim McLelland
Groundwater Consortium Manager
5140 E. River Rd.
Fairfield, OH 45014
(513)868-5993 or (513)383-3162*

Failure to submit the RSRR constitutes a violation of the Source Water Protection Program Ordinance and is punishable by fine.

Location of the Release

Where did the release occur? *Please provide facility name and address or other location information (i.e., intersection, landmarks on road, etc.) where applicable.* _____

Release Information

Incident date: _____

Time of incident: _____ A.M/P.M

Type of incident *(check one):*

Storage Unit Leak/Rupture _____

Transmission Failure _____

Facility Fire _____

Transportation Accident _____

Other *(specify)* _____

Cause of incident: _____

Product(s) released:

Name: _____ Amount Released: _____ (gal/pounds)

Name: _____ Amount Released: _____ (gal/pounds)

(Please attach a list for additional products)

Media product(s) released to *(check all that apply):*

Grass/dirt _____ Gravel _____ Dry Well _____ Septic system _____
Surface Water (specify water body) _____ Storm Sewer _____
Other (specify) _____

Did emergency response personnel (i.e., fire department, Ohio EPA, hazardous waste contractor) respond to the incident?

Yes _____ No _____

If yes, what agencies/response personnel? _____

Containment and Remediation Activities. Summarize the actions taken to contain and remediate the release.

Does the incident require further monitoring or any other post-incident activity?

Yes _____ No _____ Unknown at this time _____

If yes, please specify: _____

**** You must submit, in a timely manner, copies of information submitted to federal, state, or local agencies regarding site assessment and site remediation results to the Ground Water Consortium Manager.**

Additional comments/information. _____

Completed By:

Name: _____

Title: _____

Signature: _____

Date: _____

"Please use this form for environmental spills that were unable to be contained within the first 24 hours. This refers to any spill of a regulated substance on a pervious surface that is in the Source Water Protection Area. This must be submitted within seven (7) days of the spill and is designed as a supplement to the initial release notification information required within the first 24 hours of release. ***Please note: failure to submit the RSRR is a violation of the Source Water Protection Program Ordinance and is punishable by fine.*** If you have any questions about the form please contact the Groundwater Consortium Manager, Tim McLelland, at (513) 868-5993".