

Marion County LEPC EPCRA SECTION 304(c) Follow Up Release Notification Form

- 1. Complete this form within 30 days of an initial release notification required under EPCRA Section 304(b)
- 2. Submit via email to lepc@marioncountyal.org
- 3. Send a copy to the AERC at AL312@adem.alabama.gov

FACILITY NAME:	COMPANY NAME:
FACILITY NAIVIE:	COMPANY NAME:
NAME OF PERSON MAKING NOTIFICATION:	PHONE NUMBER: (NNN-NNN-NNNN)
NAIVIE OF PERSON WARING NOTIFICATION.	PHONE NOWIDER: (INIVIN-INIVINIVI)
LOCATION OF RELEASE: (ADDRESS)	CITY, STATE, ZIP:
LOCATION OF RELEASE. (ADDRESS)	CITT, STATE, ZIF.
DATE/TIME OF INCIDENT:	TIME OF VERBAL NOTIFICATION TO EMA/LEPC:
(MM/DD/YYYY, HH:MM 24-hr)	(HH:MM 24-hr)
(1010) (1111) (1111.10110) 24 111)	(1111.14114)
CHEMICAL(S) RELEASED:	MEDIA INTO WHICH RELEASE OCCURRED:
(INCL CAS NUMBER IF APPLICABLE)	☐ Air ☐ Water ☐ Ground ☐ Other
☐ EPCRA Section 302(a) EHS	If Other, describe:
El cha section 302(a) Elis	ii Other, describe.
DURATION OF RELEASE:	QUANTITY OF RELEASE: (POUNDS)
	Qoranii or maaarisaa (r oombo)
days hours minutes	
DESCRIBE ACTIONS TAKEN AS A RESULT OF OR IN RESPONSE TO THE RELEASE, INCLUDING ANY KNOWN HEALTH	
RISKS:	
NAME OF PERSON(S) TO BE CONTACTED FOR FURTHER	PHONE NUMBER: (NNN-NNN-NNNN)
INFORMATION:	·