



Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form: 62-761.900(1)
 Form Title: Discharge Report Form
 Effective Date: *(effective date of rule)*
 Incorporated in Rule: 62-761.405, F.A.C.

Discharge Report Form

Complete all applicable blanks and submit with copies of any analytical test results confirming contamination to soil, surface water, or groundwater to the County via email or mail.

Facility ID Number (if registered):		Date of Form Completion:		Date of Discovery:
Facility Name:			County:	
Facility (Property) Owner:		Telephone Number:		
Owner Mailing Address:				
Location of Discharge (facility street address):			Lat/Long:	
Date of receipt of any test or analytical results confirming a discharge:			Estimated number of gallons discharged:	
If the discharge did not occur at a facility, name of the person responsible for the discharge:				

Discharge affected: (Check all that apply)

<input type="checkbox"/> Soil	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface water: (water body name)
<input type="checkbox"/> Drinking water well(s)	<input type="checkbox"/> Shoreline	<input type="checkbox"/> Other: (specify)

Evidence of Discharge: (Check all that apply)

<input type="checkbox"/> Visual observation of sheen	<input type="checkbox"/> Results or receipt of results of analytical tests	<input type="checkbox"/> Stained soils
<input type="checkbox"/> Visual observation of free product	<input type="checkbox"/> Spill or vehicle overflow >25 gallons to a pervious surface	<input type="checkbox"/> Other (explain in comments)

Method of discovery and confirmation of discharge (Check all that apply, see rule language explanation on page two of this form)

<input type="checkbox"/> Visual observation	<input type="checkbox"/> Closure/Closure Assessment	<input type="checkbox"/> Surface water analytical results
<input type="checkbox"/> Groundwater analytical results	<input type="checkbox"/> Soil analytical results	<input type="checkbox"/> Other: (specify)

Type of regulated substance discharged: (Check all that apply)

<input type="checkbox"/> Gasoline	<input type="checkbox"/> Jet fuel	<input type="checkbox"/> Mineral acid (ASTs)
<input type="checkbox"/> Diesel	<input type="checkbox"/> Used/waste oil	<input type="checkbox"/> Ammonia compound <input type="checkbox"/> Chlorine compound
<input type="checkbox"/> Heating oil	<input type="checkbox"/> New motor/lube oil	<input type="checkbox"/> Biofuel blends
<input type="checkbox"/> Kerosene	<input type="checkbox"/> Pesticide	<input type="checkbox"/> Unknown
<input type="checkbox"/> Aviation gas	<input type="checkbox"/> Grades 5 & 6 residual oils	<input type="checkbox"/> Other: (specify)
<input type="checkbox"/> Hazardous substance (USTs) - write name or Chemical Abstract Service (CAS) #:		

Discharge originated from a: (Check all that apply)

<input type="checkbox"/> Tank	<input type="checkbox"/> Other secondary containment system	<input type="checkbox"/> Railroad tankcar
<input type="checkbox"/> Piping	<input type="checkbox"/> Fitting or pipe connection	<input type="checkbox"/> Barge, Tanker ship or other vessel
<input type="checkbox"/> Spill bucket	<input type="checkbox"/> Valve	<input type="checkbox"/> Pipeline
<input type="checkbox"/> Dispenser	<input type="checkbox"/> Tank truck	<input type="checkbox"/> Drum
<input type="checkbox"/> Piping sump	<input type="checkbox"/> Vehicle or customer vehicle	<input type="checkbox"/> Unknown
<input type="checkbox"/> Dispenser sump	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Other: (specify)

Cause of the discharge: (Check all that apply)

<input type="checkbox"/> Spill	<input type="checkbox"/> Material failure (crack, split, etc.)	<input type="checkbox"/> Collision	<input type="checkbox"/> Weather
<input type="checkbox"/> Overflow	<input type="checkbox"/> Material incompatibility	<input type="checkbox"/> Vehicle accident	<input type="checkbox"/> Human error
<input type="checkbox"/> Corrosion	<input type="checkbox"/> Improper installation	<input type="checkbox"/> Fire/explosion	<input type="checkbox"/> Unknown
<input type="checkbox"/> Puncture	<input type="checkbox"/> Loose connection	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Other: (specify)

Actions taken in response to the discharge:

Comments:

Agencies notified (as applicable):

Fire Department _____ County Program _____ DEP District Office _____ State Watch Office **800-320-0519** National Response Center **800-424-8802**

To the best of my knowledge and belief all information submitted on this form is true, accurate and complete.

Printed Name of Owner, Operator or Authorized Representative

Signature of Owner, Operator or Authorized Representative