



Discharge Reporting Form

PLEASE PRINT OR TYPE

DEP Form # 62-761.900(1)

Form Title Discharge Reporting Form

Effective Date _____

Instructions are on the reverse side. Please complete all applicable blanks

1. Facility ID Number (if registered): _____ 2. Date of form completion: _____

3. General information

Facility name: _____
Facility Owner or Operator: _____
Facility Contact Person _____ Telephone number: () _____ County: _____
Facility Mailing address: _____
Location of discharge (facility street address): _____
Latitude and Longitude of discharge (If known.) _____

4. Date of receipt of test results or discovery of confirmed discharge: _____ month/day/year
5. Estimated number of gallons discharged: _____

6. Discharge affected: Air Soil Ground water Drinking water well(s) Shoreline Surface water (water body name) _____

7. Method of discovery (check all that apply)

Liquid detector (automatic or manual) Internal inspection Closure/Closure Assessment
 Vapor detector (automatic or manual) Inventory control Groundwater analytical samples
 Tightness test Monitoring wells Soil analytical tests or samples
 Pressure test Automatic tank gauging Visual observation
 Statistical Inventory Reconciliation Manual tank gauging Other _____

8. Type of regulated substance discharged: (check one)

Unknown Used/waste oil Jet fuel Heating oil New/lube oil
 Gasoline Aviation gas Diesel Kerosine Mineral acid
 Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives
(write in name or Chemical Abstract Service (CAS) number) _____
 Other _____

9. Discharge originated from a: (check all that apply)

Dispensing system Pipe Barge Pipeline Vehicle
 Tank Fitting Tanker ship Railroad tankcar Airplane
 Unknown Valve failure Other Vessel Tank truck Drum
 Other _____

10. Cause of the discharge: (check all that apply)

Loose connection Puncture Spill Collision Corrosion
 Fire/explosion Overfill Human error Vehicle Accident Installation failure
 Other _____

11. Actions taken in response to the discharge: _____

12. Comments: _____

13. Agencies notified (as applicable):

State Warning Point National Response Center Fire Department. County Tanks Program DEP (district/person)
1-800-320-0519 *1-800-424-8802* _____

14. 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.