



Discharge Report Form

PLEASE PRINT OR TYPE

DEP Form # 62-761 900(1)
Form Title <u>Discharge Report Form</u>
Effective Date: <u>July 13, 1998</u>

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 or responsible party (if applicable): _____
 Facility Owner or Operator, or Discharger: _____
 Contact Person: _____ Telephone Number: () _____ County: _____
 Facility or Discharger Mailing Address: _____
 Location of Discharge (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 Groundwater Drinking water well(s) Shoreline Surface water (water body name) _____

7. Method of discovery (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Liquid detector (automatic or manual) | <input type="checkbox"/> Internal inspection | <input type="checkbox"/> Closure/Closure Assessment |
| <input type="checkbox"/> Vapor detector (automatic or manual) | <input type="checkbox"/> Inventory control | <input type="checkbox"/> Groundwater analytical samples |
| <input type="checkbox"/> Tightness test | <input type="checkbox"/> Monitoring wells | <input type="checkbox"/> Soil analytical tests or samples |
| <input type="checkbox"/> Pressure test | <input type="checkbox"/> Automatic tank gauging | <input type="checkbox"/> Visual observation |
| <input type="checkbox"/> Statistical Inventory Reconciliation | <input type="checkbox"/> Manual tank gauging | <input type="checkbox"/> Other _____ |

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

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

9. Source of Discharge: (check all that apply)

- | | | | | |
|--|--|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Dispensing system | <input type="checkbox"/> Pipe | <input type="checkbox"/> Barge | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Tank | <input type="checkbox"/> Fitting | <input type="checkbox"/> Tanker ship | <input type="checkbox"/> Railroad tankcar | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Valve failure | <input type="checkbox"/> Other Vessel | <input type="checkbox"/> Tank truck | <input type="checkbox"/> Drum |
| <input type="checkbox"/> Other _____ | | | | |

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

- | | | | | |
|---|-----------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Loose connection | <input type="checkbox"/> Puncture | <input type="checkbox"/> Spill | <input type="checkbox"/> Collision | <input type="checkbox"/> Corrosion |
| <input type="checkbox"/> Fire/explosion | <input type="checkbox"/> Overfill | <input type="checkbox"/> Human error | <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Installation failure |
| <input type="checkbox"/> Other _____ | | | | |

11. Actions taken in response to the discharge: _____

12. Comments: _____

13. Agencies notified (as applicable):

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> State Warning Point
1-800 320-0519 | <input type="checkbox"/> National Response Center
1-800-424-8802 | <input type="checkbox"/> Florida Marine Patrol
(800) 342-5367 | <input type="checkbox"/> Fire Department. | <input type="checkbox"/> DEP (district/person)
<input type="checkbox"/> County Tanks Program |
|--|---|--|---|---|

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, or Discharger

Signature of Owner, Operator or Authorized Representative, or Discharger