



# Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

## DISCHARGE REPORT FORM

DEP Form: 62-761.900(1)  
Form Title: Discharge Report Form  
Effective Date: TBD  
Incorporated in Rule 62-761.405, F.A.C.

Complete all applicable blanks, and submit copies of any analytical or field test results confirming contamination to soils, 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: \_\_\_\_\_

**Discharge affected:** (Check all that apply)  
Soil \_\_\_\_\_ *Previously stated "Soil"*  
Drinking water well(s) \_\_\_\_\_ Groundwater \_\_\_\_\_ **Surface water** (water body name) \_\_\_\_\_  
Shoreline \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Evidence of discharge:** (Check all that apply)  
Visual observation of sheen \_\_\_\_\_ Results or receipt of results of analytical tests \_\_\_\_\_ Stained soils \_\_\_\_\_  
Visual observation of free product \_\_\_\_\_ Spill or vehicle overfill > 25 gallons to a pervious surface \_\_\_\_\_ Other (explain in comments) \_\_\_\_\_

**Method of discovery and confirmation of discharge:** (Check all that apply, see rule language explanation on instructions for this form)  
Visual observation \_\_\_\_\_ Closure/Closure sampling assessment \_\_\_\_\_ Surface water analytical results \_\_\_\_\_  
Groundwater analytical results \_\_\_\_\_ Soil analytical results \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Type of regulated substance discharged:** (Check all that apply)  
Gasoline \_\_\_\_\_ Jet fuel \_\_\_\_\_ Mineral acids (ASTs) \_\_\_\_\_  
Diesel \_\_\_\_\_ Used/waste oil \_\_\_\_\_ Ammonia compound \_\_\_\_\_ Chlorine compound \_\_\_\_\_  
Heating oil \_\_\_\_\_ New motor/lube oil \_\_\_\_\_ Biofuel blends \_\_\_\_\_  
Kerosene \_\_\_\_\_ Pesticide \_\_\_\_\_ Unknown \_\_\_\_\_  
Aviation gas \_\_\_\_\_ Grade 5 & 6 residual oils \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Hazardous substance (USTs) – write name or Chemical Abstract Service (CAS) #: \_\_\_\_\_

**Discharge originated from a:** (Check all that apply)  
Tank \_\_\_\_\_ Other secondary containment \_\_\_\_\_ Railroad tankcar \_\_\_\_\_  
Piping \_\_\_\_\_ Fitting or pipe connection \_\_\_\_\_ Barge, tanker ship, or other \_\_\_\_\_  
Spill bucket \_\_\_\_\_ Valve \_\_\_\_\_ vessel Pipeline \_\_\_\_\_  
Dispenser \_\_\_\_\_ Tank truck \_\_\_\_\_ Drum \_\_\_\_\_  
Piping sump \_\_\_\_\_ Vehicle or customer vehicle \_\_\_\_\_ Unknown \_\_\_\_\_  
Dispenser sump \_\_\_\_\_ Aircraft \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Cause of the discharge:** (Check all that apply)  
Spill \_\_\_\_\_ Material failure (crack, split, etc.) \_\_\_\_\_ Collision \_\_\_\_\_ Weather \_\_\_\_\_  
Overfill \_\_\_\_\_ Material incompatibility \_\_\_\_\_ Vehicle accident \_\_\_\_\_ Human error \_\_\_\_\_  
Corrosion \_\_\_\_\_ Improper installation \_\_\_\_\_ Fire/explosion \_\_\_\_\_ Unknown \_\_\_\_\_  
Puncture \_\_\_\_\_ Loose connection \_\_\_\_\_ Vandalism \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Actions taken in response to the discharge:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Agencies notified (as applicable):**

Fire Department      County Program      District Office      State Watch Office      National Response Center  
800-320-0519      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