

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: June 2023

Incorporated in Rule 62-761.405, F.A.C.

DISCHARGE REPORT FORM

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:_____ ___ Lat/Long:____ Location of Discharge (Facility Street Address): Date of receipt of any test or analytical results confirming a discharge: Estimated number of gallons discharged: Discharge affected: (Check all that apply) Groundwater Surface water (water body name) Drinking water well(s) Shoreline Other (specify) ____ Evidence of discharge: (Check all that apply) Visual observation of sheen Results or receipt of results of analytical tests Stained soils Spill or vehicle overfill > 25 gallons to a pervious surface Other (explain in comments) Visual observation of free product 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 Other (specify)___ Groundwater analytical results Soil analytical results Type of regulated substance discharged: (Check all that apply) Mineral acids (ASTs) Gasoline Jet fuel Chlorine compound Diesel Used/waste oil Ammonia 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 vessel Spill bucket Valve Pipeline Dispenser Tank truck Drum Piping sump Vehicle or customer vehicle Unknown Other (specify)_____ Dispenser sump Aircraft Cause of the discharge: (Check all that apply) Material failure (crack, split, etc.) Spill Collision Weather Overfill Material incompatibility Vehicle accident Human error Corrosion Improper installation Fire/explosion Unknown Other (specify)____ Puncture Loose connection Vandalism Actions taken in response to the discharge and additional comments: **Financial Responsibility Mechanism:** For Insurance - Name of Insurance Company: **Policy Period:** Agencies notified (as applicable): Fire Department District Office State Watch Office **National Response Center County Program** 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.