



FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Pollution Notice

You are submitting a Public Notice of Pollution in accordance with [Section 403.077, F.S.](#) which is intended to prevent harm to human health, welfare, or property by assisting the control of pollution. This rule specifies that "reportable releases" are required to be reported to the Department.

Please be aware that while submission of a Notice through this form complies with the requirements of Section 403.077, F.S., it does not relieve you of any obligation to report to the State Watch Office or other authority required by your permit or state law.

Fields marked with * are necessary to implement the Subscription service required by statute. After completion, please e-mail the form to pollution.notice@dep.state.fl.us.

If you are reporting a new release, please select "Initial Notice" below.

If you have previously reported this incident, have obtained a DEP Incident ID, and wish to update your Notice, please select "Updated Notice of Pollution" and enter the DEP Incident ID.

NOTICE TYPE *

Initial Notice of Pollution

Updated Notice of Pollution

If this is an updated Notice, DEP Incident ID: _____

INCIDENT INFORMATION

Please enter a name for the Incident: _____

State Watch Office Incident Number or Case ID: _____

Incident Report (Please enter the information provided to the State Watch Office. If you have a summary e-mail from the State Watch Office, you may copy that and paste it here): *

Please select all counties directly affected by the Incident: *

<input type="checkbox"/> Alachua	<input type="checkbox"/> Duval	<input type="checkbox"/> Holmes	<input type="checkbox"/> Miami-Dade	<input type="checkbox"/> Seminole
<input type="checkbox"/> Baker	<input type="checkbox"/> Escambia	<input type="checkbox"/> Indian River	<input type="checkbox"/> Monroe	<input type="checkbox"/> St. Johns
<input type="checkbox"/> Bay	<input type="checkbox"/> Flagler	<input type="checkbox"/> Jackson	<input type="checkbox"/> Nassau	<input type="checkbox"/> St. Lucie
<input type="checkbox"/> Bradford	<input type="checkbox"/> Franklin	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Sumter
<input type="checkbox"/> Brevard	<input type="checkbox"/> Gadsden	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Broward	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Orange	<input type="checkbox"/> Taylor
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Glades	<input type="checkbox"/> Lee	<input type="checkbox"/> Osceola	<input type="checkbox"/> Union
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Gulf	<input type="checkbox"/> Leon	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Volusia
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Pasco	<input type="checkbox"/> Wakulla
<input type="checkbox"/> Clay	<input type="checkbox"/> Hardee	<input type="checkbox"/> Liberty	<input type="checkbox"/> Pinellas	<input type="checkbox"/> Walton
<input type="checkbox"/> Collier	<input type="checkbox"/> Hendry	<input type="checkbox"/> Madison	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Manatee	<input type="checkbox"/> Putnam	
<input type="checkbox"/> DeSoto	<input type="checkbox"/> Highlands	<input type="checkbox"/> Marion	<input type="checkbox"/> Santa Rosa	
<input type="checkbox"/> Dixie	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Martin	<input type="checkbox"/> Sarasota	

Start Date and Time of Incident: * _____ (MM/DD/YYYY) _____ (HH) _____ (MM) _____ (am/pm)

Is the Incident on-going? * Yes No

If No, End Date and Time of Incident: _____ (MM/DD/YYYY) _____ (HH) _____ (MM) _____ (am/pm)

Has the pollution migrated off-site from the Incident? * Yes No

If Yes, please select any county(ies) to which the Incident has migrated: *

<input type="checkbox"/> Alachua	<input type="checkbox"/> Duval	<input type="checkbox"/> Holmes	<input type="checkbox"/> Miami-Dade	<input type="checkbox"/> Seminole
<input type="checkbox"/> Baker	<input type="checkbox"/> Escambia	<input type="checkbox"/> Indian River	<input type="checkbox"/> Monroe	<input type="checkbox"/> St. Johns
<input type="checkbox"/> Bay	<input type="checkbox"/> Flagler	<input type="checkbox"/> Jackson	<input type="checkbox"/> Nassau	<input type="checkbox"/> St. Lucie
<input type="checkbox"/> Bradford	<input type="checkbox"/> Franklin	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Sumter
<input type="checkbox"/> Brevard	<input type="checkbox"/> Gadsden	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Broward	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Orange	<input type="checkbox"/> Taylor
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Glades	<input type="checkbox"/> Lee	<input type="checkbox"/> Osceola	<input type="checkbox"/> Union
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Gulf	<input type="checkbox"/> Leon	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Volusia
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Pasco	<input type="checkbox"/> Wakulla
<input type="checkbox"/> Clay	<input type="checkbox"/> Hardee	<input type="checkbox"/> Liberty	<input type="checkbox"/> Pinellas	<input type="checkbox"/> Walton
<input type="checkbox"/> Collier	<input type="checkbox"/> Hendry	<input type="checkbox"/> Madison	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Manatee	<input type="checkbox"/> Putnam	
<input type="checkbox"/> DeSoto	<input type="checkbox"/> Highlands	<input type="checkbox"/> Marion	<input type="checkbox"/> Santa Rosa	
<input type="checkbox"/> Dixie	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Martin	<input type="checkbox"/> Sarasota	

INCIDENT LOCATION

Please enter the location of the incident. If you are entering Directions, please put "See Directions" in Address Line 1.

Facility/Installation Name: * _____

Address Line 1: * _____

Address Line 2: _____

Directions: _____

City: * _____

State: * _____

Zip Code: * _____

Incident Location (in Decimal Degrees – e.g., Latitude: 30.43813621, Longitude: -84.28134377):

Latitude: _____ Longitude: _____

To find the lat/long of your incident, click [here](#). After you select a location, the lat/long will be in the information box in the upper right corner of the screen.

REPORTER DETAILS

Name: * _____

Title: * _____

Phone: * _____ Ext: _____

E-mail Address: * _____

Relationship: * Operator of the Facility/Installation Owner of the Facility/Installation

Other: _____

CONTACT DETAILS

Name: * _____

Phone: * _____ Ext: _____

E-mail Address: * _____