

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 <u>Section 403.077, F.S.</u> 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): *

Plea	Please select all counties directly affected by the Incident: *								
	Alachua		Duval		Holmes		Miami-Dade		Seminole
	Baker		Escambia		Indian River		Monroe		St. Johns
	Bay		Flagler		Jackson		Nassau		St. Lucie
	Bradford		Franklin		Jefferson		Okaloosa		Sumter
	Brevard		Gadsden		Lafayette		Okeechobee		Suwannee
	Broward		Gilchrist		Lake		Orange		Taylor
	Calhoun		Glades		Lee		Osceola		Union
	Charlotte		Gulf		Leon		Palm Beach		Volusia
	Citrus		Hamilton		Levy		Pasco		Wakulla
	Clay		Hardee		Liberty		Pinellas		Walton
	Collier		Hendry		Madison		Polk		Washington
	Columbia		Hernando		Manatee		Putnam		
	DeSoto		Highlands		Marion		Santa Rosa		
	Dixie		Hillsborough		Martin		Sarasota		
Is th	Date and Time of the color of t	g? *	□ Yes □ No						
	e Incident on-goin If No, End Date the pollution migr	e and	Time of Incident:	dent	? * □ Yes		No	(MM)) (am/pm)
Has	e Incident on-goin If No, End Date the pollution migr If Yes, please s	e and	Time of Incident: off-site from the Incidents any county(ies) to w	dent hich	?* □ Yes the Incident has	□ N migra	No ated: *	(MM)	
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INCIDENT LOCATION

	location of the incident. If you are entering Directions, please put "See Directions" in Address Line 1.
Facility/Installati	on Name: *
Address Line 1: *	
Address Line 2: _	
Directions:	
City: *	
State: *	
Zip Code: *	
	(in Decimal Degrees – e.g., Latitude: 30.43813621, Longitude: -84.28134377):
Latitude:	Longitude:
	ng of your incident, click <u>here</u> . After you select a location, the lat/long will be in the information box in orner of the screen.
REPORTER DET	AILS
Name: *	
	Ext:
	Ext:
E-mail Address: *	Ext: Operator of the Facility/Installation Owner of the Facility/Installation
E-mail Address: *	☐ Operator of the Facility/Installation ☐ Owner of the Facility/Installation
E-mail Address: *	·
E-mail Address: * Relationship: *	Gerator of the Facility/Installation ☐ Owner of the Facility/Installation ☐ Other:
E-mail Address: *	Gerator of the Facility/Installation ☐ Owner of the Facility/Installation ☐ Other:
E-mail Address: * Relationship: * CONTACT DETA	Gerator of the Facility/Installation ☐ Owner of the Facility/Installation ☐ Other:
E-mail Address: * Relationship: * CONTACT DETA Name: *	Operator of the Facility/Installation Owner of the Facility/Installation Other: