



Florida Department of Environmental Protection

(SOURCE REMOVAL REPORT)

Required Signatures: Adobe Signature

The Florida Department of Environmental Protection, Office of Emergency Response (OER) Source Removal Report may be used as a cleanup report for discharges regulated under Chapter 62-780, F.A.C., that constitute an emergency situation. Within 60 days of completion of free product removal and disposal, and/or soil treatment or disposal, send this report and attachments to the Florida Department of Environmental Protection, Office of Emergency Response.

Incident Date: \_\_\_\_\_ Date Cleanup Initiated: \_\_\_\_\_ Date Cleanup Completed: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Nearest City/Town: \_\_\_\_\_ County: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Material Discharged: \_\_\_\_\_

Volume Discharged: \_\_\_\_\_ Gallons Pounds

Cause of Discharge (Check All that Apply):

- UST/AST Overfill Fuel Tank Leak Train Accident Container Leak (Drum)
Vehicle Accident Valve Leak Pipeline Leak UST/AST Line Leak
Cargo Tank Leak Other: \_\_\_\_\_

Environment Affected (Check All that Apply):

- Air Sanitary Sewer Coastal Beach Storm Drain Impervious Surface
Soil Roadside Ditch Groundwater Wetland Area
Surface Water: (Name) \_\_\_\_\_ Other: \_\_\_\_\_

Responsible Party/Spiller Information:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



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Cleanup Contractor Information:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Method of Cleanup (Check All that Apply):

- Soil Excavation      Absorbants      Skimmer      In-Situ Burning
- Vacuum Truck      Boom      Street Sweeper      Neutralization

Other: \_\_\_\_\_

Volume of Free Product Recovered: \_\_\_\_\_ Gallons      Drums

Disposal Method of Free Product Recovered:      Incineration      Fuel Blending      Wastewater Treatment

Other: \_\_\_\_\_

Volume of Soil Removed: \_\_\_\_\_ Cubic yards      Pounds      Tons      Drums

Dimensions of Soil Excavation: \_\_\_\_\_ 'Long \_\_\_\_\_ 'Wide \_\_\_\_\_ 'Deep

Disposal Method of Soil Removed:      Soil Thermal Treatment Facility      Landfill      Hazardous Waste

Other: \_\_\_\_\_

Volume of Other Debris/Materials Removed: \_\_\_\_\_ Pounds      Tons      Drums

Disposal of Debris/Material Removed:      Soil Thermal Treatment Facility      Landfill      Hazardous Waste

Other: \_\_\_\_\_

Volume of PCW Removed: \_\_\_\_\_ Gallons      Drums

PCW disposed of in authorized wastewater treatment facility

Depth of Groundwater: \_\_\_\_\_ How Determined: \_\_\_\_\_



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Type of Field Screening Instrument or Method Used:

OVA/FID

PID

Other: \_\_\_\_\_

Summary of Instrument Readings:

Highest Reading Observed Before Excavation: \_\_\_\_\_

Highest Reading Observed After Excavation: \_\_\_\_\_

Lowest Reading Observed After Excavation: \_\_\_\_\_

Laboratory Information: (if applicable):

Name: \_\_\_\_\_

DOH ELCP Certification Number: \_\_\_\_\_

Attached Copies of (as applicable):

Documentation confirming recycling, treatment, or disposal of all materials

Weight tickets

Copy of analytical results

A scaled map of the site (including a graphical representation of the scale used) showing locations of free product recovered, the area of soil removed or treated, and any roads, ditches, etc. The map shall include dimensions of the excavation and the identification and location of all samples taken.

A scaled map of the geographical area where the site is located

A table indicating the identification, depth, and field soil screening results of each sample collected and location where confirmation samples were taken.

A copy of the instrumentation calibration record for the field testing instrument(s)

A copy of the sample transmittal record or Chain-of-Custody Form.

Other: \_\_\_\_\_

Certification:

I certify that the above information and attachments are correct to the best of my knowledge. I understand the submission of false information, or failure to comply with state and federal laws, is a civil and criminal violation and may be grounds for enforcement action.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Firm: \_\_\_\_\_ Date: \_\_\_\_\_