



Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form: 62-762.901(1)
Form Title: Discharge Report Form
Effective Date: June 2023
Incorporated in Rule 62-762.411, 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: _____

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 _____ 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 _____
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 vessel _____
Spill bucket _____ Valve _____ 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 and additional comments:

Financial Responsibility Mechanism:

For Insurance - Name of Insurance Company:

Agencies notified (as applicable):

Policy Period:

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