



Adobe Acrobat

You can fill out this form in Acrobat Reader and then print the form with the data from the Reader.

Note that you can NOT use the **Save** or **Save As** function with **Acrobat Reader**. If you want a copy for your records, please print an extra copy of the form.

To fill out a form:

- (1) Select the hand tool . 
- (2) Position the pointer inside a form field, and click. The I-beam pointer allows you to type text. The arrow pointer allows you to select a button, a check box, a radio button, or an item from a list.
- (3) After entering text or selecting an item, check box, or radio button, do one of the following:
 - Press **Tab** to go to the next form field.
 - Press **Shift+Tab** to go to the previous form field.
 - In a multi-line text form field, **Enter** or **Return** goes to the next line in the same form field. You can use **Enter** on the keypad to accept a change and deselect the current form field.
 - Press **Escape** to reject the form field change and deselect the current form field.
 - If you are in Full Screen mode, pressing **Escape** a second time causes you to exit Full Screen mode.
- (4) Once you have filled in the appropriate form fields, do the following:
 - Select the print tool  for a copy of the form for mailing or to keep for your records.

To clear a form in a browser window:

Exit the Acrobat viewer and start again.

Important: There is no undo for this action.



Incident Notification Form

DEP Form # 62-761.900(6)

Form Title Incident Notification Form

Effective Date: July 13, 1998

PLEASE PRINT OR TYPE

Instructions are on the reverse side. Please complete all applicable blanks

1. Facility ID Number (if registered): _____ 2. Date of form completion: _____

3. General information

Facility name: _____
Facility Owner or Operator: _____
Contact Person: _____ Telephone number: () _____ County: _____
Facility mailing address: _____
Location of incident (facility street address): _____
Latitude and Longitude of incident (If known.): _____

4. Date of Discovery of incident: _____ month/day/year

5. Monitoring method that indicates a possible release or an incident: (check all that apply)

- | | | |
|----------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Liquid detector (automatic or manual) | <input type="checkbox"/> Groundwater samples | <input type="checkbox"/> Closure |
| <input type="checkbox"/> Vapor detector (automatic or manual) | <input type="checkbox"/> Monitoring wells | <input type="checkbox"/> Inventory control |
| <input type="checkbox"/> Tightness test | <input type="checkbox"/> Internal inspection | <input type="checkbox"/> Statistical Inventory Reconciliation |
| <input type="checkbox"/> Pressure test | <input type="checkbox"/> Odors in the vicinity | <input type="checkbox"/> Groundwater analytical samples |
| <input type="checkbox"/> Breach of integrity test | <input type="checkbox"/> Automatic tank gauging | <input type="checkbox"/> Soil analytical tests or samples |
| <input type="checkbox"/> Visual observation | <input type="checkbox"/> Manual tank gauging | <input type="checkbox"/> Other _____ |

6. Type of regulated substance stored in the storage system: (check one)

- | | | |
|--------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Used/waste oil | <input type="checkbox"/> New/lube oil |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Aviation gas | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Heating oil | <input type="checkbox"/> Jet fuel | <input type="checkbox"/> Other _____ |
- Hazardous substance - includes CERCLA substances, pesticides, ammonia, chlorine, and their derivatives, and mineral acids.
(write in name or Chemical Abstract Service (CAS) number) _____

7. Incident involves or originated from a: (check all that apply)

- | | | | | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Tank | <input type="checkbox"/> Unusual operating conditions | <input type="checkbox"/> Dispensing equipment | <input type="checkbox"/> Pipe | <input type="checkbox"/> Overfill protection device |
| <input type="checkbox"/> Piping sump | <input type="checkbox"/> Release detection equipment | <input type="checkbox"/> Secondary containment system | <input type="checkbox"/> Other | <input type="checkbox"/> Dispenser Liners |
| <input type="checkbox"/> Loss of >100 gallons to an impervious surface other than secondary containment | | <input type="checkbox"/> Loss of >500 gallons within secondary containment | | |

8. Cause of the incident, if known: (check all that apply)

- | | | | |
|-------------------------------------------------|----------------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Overfill (<25 gallons) | <input type="checkbox"/> Spill (<25 gallons) | <input type="checkbox"/> Theft | <input type="checkbox"/> Corrosion |
| <input type="checkbox"/> Faulty Probe or sensor | <input type="checkbox"/> Human error | <input type="checkbox"/> Installation failure | <input type="checkbox"/> Other _____ |

9. Actions taken in response to the incident: _____

10. Comments: _____

11. Agencies notified (as applicable):

- | | | |
|-------------------------------------------|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Fire Department. | <input type="checkbox"/> Local Program | <input type="checkbox"/> DEP (district/person) |
|-------------------------------------------|----------------------------------------|------------------------------------------------|

12. 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.

Instructions for completing the Incident Notification Form

This form must be completed to notify the County of all incidents, or of the following suspected releases:

1. A failed or inconclusive tightness, pressure, or breach of integrity test,
2. Internal inspection results, including perforations, corrosion holes, weld failures, or other similar defects that indicate that a release has occurred.
3. Unusual operating conditions such as the erratic behavior of product dispensing equipment, the sudden loss of product from the storage tank system, or any unexplained presence of water in the tank, unless system equipment is found to be defective but not leaking;
4. Odors of a regulated substance in surface or groundwater, soils, basements, sewers and utility lines at the facility or in the surrounding area;
5. The loss of a regulated substance from a storage tank system exceeding 100 gallons on impervious surfaces other than secondary containment, driveways, airport runways, or other similar asphalt or concrete surfaces;
6. The loss of a regulated substance exceeding 500 gallons inside a dike field area with secondary containment; and
7. A positive response of release detection devices or methods described in Rule 62-761.610, F.A.C., or approved under Rule 62-761.850, F.A.C. A positive response shall be the indication of a release of regulated substances, an exceedance of the Release Detection Response Level or a breach of integrity of a storage tank system.

If the investigation of an incident indicates that a discharge did not occur (for example, the investigation shows that the situation was the result of a theft or a malfunctioning electronic release detection probe), then a letter of retraction should be sent to the County within fourteen days with documentation that verifies that a discharge did not occur. If within 24 hours of an incident, or before the close of the County's next business day, the investigation of the incident does not confirm that a discharge has occurred, an Incident Report Form need not be submitted.

A copy of this form must be delivered or faxed to the County within 24 hours of the discovery of an incident, or before the close of the next business day. It is recommended that the original copy be sent in the mail. If the incident occurs at a county-owned facility, a copy of the form must be faxed or delivered to the local DEP District office.

DEP District Office Addresses:

Northwest District
160 Governmental Center
Pensacola FL. 32501-5794
Phone: 850-595-8360
FAX: 850-595-8417

Northeast District
7825 Baymeadows Way Suite B 200
Jacksonville FL. 32256-7590
Phone: 904-488-4300
FAX: 904-488-4366

Central District
3319 Maguire Blvd. Suite 232
Orlando, FL. 32803-3767
Phone: 407-894-7555
FAX: 407-897-2966

Southwest District
3804 Coconut Palm Dr.
Tampa FL. 33619-8218
Phone: 813-744-6100
FAX: 813-744-6125

South District
2295 Victoria Ave. Suite 364
Ft. Myers FL. 33901-2549
Phone: 813-332-6975
FAX: 813-332-6969

Southeast District
400 N. Congress Ave.
West Palm Beach, FL. 33416-5425
Phone: 561-681-6600
FAX: 561-681-6790

(02/01/98)
