

ODAFF, AEMS DISCHARGE REPORT FORM

Discharge #: _____

Received By: _____

Date Received: _____

Received From: _____

Time Received: _____

Phone: _____

Facility: _____

County: _____

EPA Notified: _____

EPA Permit #: _____

Oklahoma License #: _____

Date & Time
Discharge Began: _____

Date & Time
Discharge Ended: _____

Cause of Discharge: _____

Describe flow path and estimate volume: _____

Receiving Water Body: _____

Fish or Wildlife Kill: _____ If yes, ODWC Notified _____

Sample Collected for Analysis: _____

Person responsible for submitting report to ODAFF, AEMS: _____

Initial Steps Taken to Remedy Situation: _____

ODAFF Inspector: _____