

ILLCIT DISCHARGE OBSERVATION FORM

1. Address/ location of spill? _____

Date: _____ Time: _____

2. What is the spill _____ Approximate amount _____ gal or ft³

Are petroleum products present? No Yes, in the form of:

Floating globs Moving sheen

What does it look like? Clear Colored, what color? _____

Is there an odor? No Yes, what odor? _____

3. Additional Information:

Discharger Name: _____

Discharger Address: _____

Discharger License Plate: _____ Discharger Vehicle: _____