



# Discharge Reporting Form

PLEASE PRINT OR TYPE

DEP Form # 62-761.900(1)

Form Title Discharge Reporting Form

Effective Date \_\_\_\_\_

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

1. Facility ID Number (if registered): 9802396 2. Date of form completion: 3/16/10

### 3. General information

Facility name: Safety-Kleen Systems, Inc.  
Facility Owner or Operator: Safety-Kleen Systems, Inc.  
Facility Contact Person: Jeff Curtis Telephone number: (S61) 523-4719 County: Marion  
Facility Mailing address: 359 Cypress Rd., Ocala FL 34472  
Location of discharge (facility street address): Same as above  
Latitude and Longitude of discharge (If known.): \_\_\_\_\_

4. Date of receipt of test results or discovery of confirmed discharge: 3/16/10 month/day/year

5. Estimated number of gallons discharged: 200 gallons

6. Discharge affected: ☐ Air ☒ Soil ☐ Ground water ☐ Drinking water well(s) ☐ Shoreline ☐ Surface water (water body name) \_\_\_\_\_

### 7. Method of discovery (check all that apply)

☐ Liquid detector (automatic or manual) ☐ Internal inspection ☐ Closure/Closure Assessment  
☐ Vapor detector (automatic or manual) ☐ Inventory control ☐ Groundwater analytical samples  
☐ Tightness test ☐ Monitoring wells ☐ Soil analytical tests or samples  
☐ Pressure test ☐ Automatic tank gauging ☒ Visual observation  
☐ Statistical Inventory Reconciliation ☐ Manual tank gauging ☐ Other \_\_\_\_\_

### 8. Type of regulated substance discharged: (check one)

☐ Unknown ☒ Used/waste oil ☐ Jet fuel ☐ Heating oil ☐ New/lube oil  
☐ Gasoline ☐ Aviation gas ☐ Diesel ☐ Kerosine ☐ Mineral acid  
☐ Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives  
(write in name or Chemical Abstract Service (CAS) number) \_\_\_\_\_  
☐ Other \_\_\_\_\_

### 9. Discharge originated from a: (check all that apply)

☐ Dispensing system ☐ Pipe ☐ Barge ☐ Pipeline ☐ Vehicle  
☐ Tank ☐ Fitting ☐ Tanker ship ☒ Railroad tankcar ☐ Airplane  
☐ Unknown ☐ Valve failure ☐ Other Vessel ☐ Tank truck ☐ Drum  
☐ Other \_\_\_\_\_

### 10. Cause of the discharge: (check all that apply)

☐ Loose connection ☐ Puncture ☐ Spill ☐ Collision ☐ Corrosion  
☐ Fire/explosion ☒ Overfill ☐ Human error ☐ Vehicle Accident ☐ Installation failure  
☐ Other \_\_\_\_\_

11. Actions taken in response to the discharge: Employee called facility emergency coordinator, shut down pump, placed absorbent material at ends of spill area, pumped approximately 20 gallons of free liquid into truck and began excavation of soil. Called state warning point & emergency response contractor to assess situation.

12. Comments: \_\_\_\_\_

### 13. Agencies notified (as applicable):

☒ State Warning Point (904) 488-1320 ☐ National Response Center 1-800-424-8802 ☐ Fire Department. ☐ County Tanks Program ☐ DEP (district/person) \_\_\_\_\_

### 14. To the best of my knowledge and belief all information submitted on this form is true, accurate, and complete.

Jeff Curtis  
Printed Name of Owner, Operator or Authorized Representative

[Signature]  
Signature of Owner, Operator or Authorized Representative.