

ILLINOIS DEPARTMENT OF NATURAL RESOURCES Office of Oil and Gas

One Natural Resources Way Springfield, Illinois 62702-1271

SPILL #:

(217) 782-7756

OG-12A PERMITTEE SPILL REPORT FORM

Form required to be submitted within 90 days after date of spill.

PERMITTEE:	PERMITTEE #:
LOCATION:	
IEMA # (if applicable)	
PROPERTY /LEASE NAME:	
TANK #: PIT #:	REFERENCE #:
SECTION: TOWNSHIP: RANG	E: COUNTY:
TYPE OF SPILL	
	VOLUME RECOVERED
WATER VOLUME LOST	VOLUME RECOVERED
CONTAMINATED:(area size)	
DATE SPILL BEGAN:	EST. TIME BEGAN:
DATE AND TIME SPILL REPORTED:	REPORTED BY:
CAUSE OF SPILL FLOWLINE TANK CONTAINMENT DIKE OTHER (specify) DESCRIBE IN DETAIL CAUSE OF SPILL:	
REMEDIAL ACTION	
Describe emergency response measures: Provide detailed description of overall clean-up actions (a	attach TPH analysis for oil spill): _

Show on plat below areal extent of spill affected area and TPH sample locations for each composite sample documenting spill remediation.

					MAP SCALE (Check grid size used)
					5 ft. 10 ft. 20 ft.
					50 ft. 100 ft.
					N
					\mathbf{N} $\mathbf{W} \stackrel{\uparrow}{\mathbf{E}} \mathbf{E}$
					S
					≭ TPH SAMPLE
					LOCATIONS OIL WELL TANKS
					===== ROADS STREAMS //// AREA OF SPILL
					FLOWLINES / INJECTION LINES
REVENTIVE SPII	LL MEASURES				
Describe what measure	s have been implemen	nted to help prevent spill	s of similar nature in	the future. Use additi	ional sheet if necessary.