

**Oklahoma Department of Agriculture,
Food, and Forestry (ODAFF)**
Agricultural Environmental Management Services
P. O. Box 528804
Oklahoma City, Oklahoma 73152
405/522-5892



Discharge Initial Report

Discharge # _____ Received By: _____

Date Received: _____ Received From: _____

Time Received: _____ Phone: _____

Facility: _____ County: _____

Oklahoma License #: _____ AgPDES Permit #: _____
(if applicable)

Date & Time Discharge Began: _____ Date & Time Discharge Ended: _____

Cause of Discharge: _____

Estimated Volume: _____

Describe flow path: _____

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: _____