



DISCHARGE NOTIFICATION FORM

Title 2 O.S. § 20-10(B)(5)/20.48(B)(5), "...other than a spill of less than one hundred (100) gallons, the licensee is required to make immediate notification..." or 2 O.S. § 20-10(B)(6)/20.48(B)(6), "...any spill that leaves the property..."

Facility Information

Facility name: _____ CAFO # _____

Onsite contact name (responsible for site clean-up): _____

Onsite contact phone #: _____

Name of submitter: _____

Phone #: _____ Email: _____

Discharge Details

Start date of discharge: _____ Estimated start time of discharge: _____

End date of discharge: _____ Estimated end time of discharge: _____

Cause of discharge: _____

List person(s) who discovered discharge: _____

List person(s) involved in clean-up (if different from above): _____

Estimated gallons of effluent discharged: _____

Estimated gallons of effluent recovered: _____

Describe flow path of effluent (include a map if needed): _____

Corrective/preventative actions taken to stop flow: _____

Date samples taken of discharge: _____

(*Facility is responsible for submitting samples for lab analysis & reporting the results to AEMS.)

Did effluent reach a body of water? Yes No

If yes, list the body/bodies of water reached: _____

Was there a fish or wildlife kill? Yes No

**Email a final update once lab samples are received. Update any dates, times, amounts or additional actions taken to finalize the clean-up and prevent further similar occurrences. Direct all correspondence to AEMS.CAFO@ag.ok.gov*