



FINAL DISCHARGE REPORT

Per OAC 35:17-3-11(i)(9) & 35:17-4-9(h)(8), "The licensee shall be required to submit an additional, final report to the Department upon clean-up and receipt of discharge analysis."

| Facility Information | |
|---|-------------------|
| Facility Name: _____ | CAFO/CSFO # _____ |
| Onsite Contact Name (responsible for clean-up): _____ | |
| Onsite Contact Ph#: _____ | |
| Name of Submitter: _____ | |
| Ph#: _____ | Email: _____ |

| Discharge Details | |
|--|-------------------------------|
| Total Discharge Volume: _____ | Total Recovered Volume: _____ |
| Description of How the Discharge Occurred: _____ _____ _____ | |
| Clean-up Start Date: _____ | Clean-up End Date: _____ |
| Clean-up Start Time: _____ | Clean-up End Time: _____ |
| Actions Taken to Clean Up the Discharge: _____ _____ _____ | |
| Corrective Actions Taken to Prevent Future Discharges: _____ _____ _____ | |
| Discharge Checklist (include the documentation below with this final report; if unable to submit analysis samples, please explain why on a separate page): | |
| <input type="checkbox"/> An aerial map illustrating the discharge area and flow path(s) of the discharge. | |
| <input type="checkbox"/> Photographs of the discharge clean up. | |
| <input type="checkbox"/> Final results of the discharge samples taken. | |

I certify under the penalty of law this document was verified and updated under my direction:

Signature: _____ **Date:** _____

Submit the final discharge report and supporting documentation to aems.cafo@ag.ok.gov