



ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Mines and Minerals

Division of Oil and Gas
(217) 782-7756

One Natural Resources Way
Springfield, Illinois 62702-1271



OG-12A PERMITTEE SPILL REPORT FORM

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

PERMITTEE: _____ PERMITTEE #: _____

LOCATION:

IERMA # (if applicable) _____

PROPERTY /LEASE NAME: _____

TANK #: _____ PIT #: _____ REFERENCE #: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____ COUNTY: _____

TYPE OF SPILL

OIL VOLUME LOST _____ 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 WELL STORAGE STRUCTURE

OTHER (specify) _____

DESCRIBE IN DETAIL CAUSE OF SPILL: _____

REMEDIAL ACTION

Describe emergency response measures:

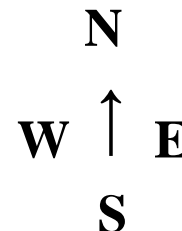
Provide detailed description of overall clean-up actions (attach TPH analysis for oil spill):

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.



- *TPH SAMPLE LOCATIONS
- OIL WELL
- TANKS
- ===== ROADS
- STREAMS
- ///// AREA OF SPILL
- _____ FLOWLINES / INJECTION LINES

PREVENTIVE SPILL MEASURES

Describe what measures have been implemented to help prevent spills of similar nature in the future. Use additional sheet if necessary.

Permittee or designee

Date

Department Use Only

The spill remediation is completed pursuant to Department rules and is released.

Department representative

Date