

Southern Ute Environmental Programs Division Spill/Release Report

Report Date: _____ Time: _____ (military time)
 Spill Date: _____ Spill Time: _____ (military time)

Company Name: _____ Phone Number: _____
 Reported By: _____ Title: _____

Facility Name: _____
 Location: 1/4 _____ Section: _____ Township: _____ Range: _____

Type of Spill (Circle One): Produced Water, Oil, Gas, Other _____
 Estimate spilled: _____ barrels Estimate recovered: _____ Hazardous: Y / N
 Is the Spill Contained: Y / N If No, is it within the property "footprint": Y / N Wind Speed _____
 Extent of spill (area) _____ ft² Surrounding Land Use _____ Wind Direction _____
 Damages/Injuries? _____ Evacuation Needed?: Y / N

Ground Water impacted: Y ___ N ___ Surface Water impacted: Y ___ N ___
 IF LESS THAN A MILE, report distance IN FEET to the nearest.....
 Surface water: _____ Wetlands: _____ Water wells: _____ Dry arroyo: _____ Residence: _____

Cause Of Spill: _____

Describe immediate response/Cleanup Efforts: _____

Tribal Actions & Notes: _____

(continued on back if needed)

Does this facility require an SPCC plan: Yes / No If yes, is there one in place: Yes / No

Is there a remediation plan in place for clean up: Yes / No

Follow-up Report Being Sent: Yes / No Due By the Following Date: _____, 20____

Closure Report Being Sent: Yes / No Due By the Following Date: _____, 20____

OTHER NOTIFICATIONS

| Date | Agency | Contact Person | Type of notification | Comments: |
|------|--------|----------------|-------------------------|-----------|
| | | | Written / Verbal / Both | |
| | | | Written / Verbal / Both | |
| | | | Written / Verbal / Both | |
| | | | Written / Verbal / Both | |

For EPD Office Use Only:

Report Completed By: _____ Title: _____

Cc: EP Division Head _____ EC _____ WQP _____ AQP _____ GAP--->Entered & filed on: ____/____/____