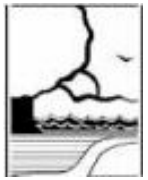# ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Oil and Gas

One Natural Resources Way
Springfield, Illinois 62702-1271

(217) 557-6379

OG-12 INSPECTORS SPILL REPORT

_____
Division spill #

_____
IEMA #

☐ IDNR ONLY   CLEAN-UP: ☐ INITIAL (code1) TPH Required ☐ Y ☐ N
☐ IDNR / IEPA JOINT   ☐ STILL IN PROGRESS (code 2)
☐ IEPA ONLY   ☐ NO ACTION TAKEN (code 3)   NOV CASE # _____
                                 ☐ COMPLETED (code 4)
                                 (OG-12a submitted and TPH less than 1%)
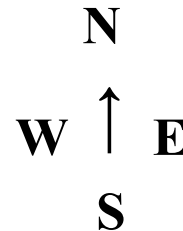
LOCATION:

PERMITTEE: _____ PERMITTEE #: _____

PROPERTY /LEASE NAME:
_____

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

MAP   SCALE
(Check grid size used)
   ☐   5 ft.
   ☐   10 ft.
   ☐   20 ft.
   ☐   50 ft.
   ☐   100 ft.

N
W ↑ E
S

● OIL WELL
○ TANKS
===== ROADS
------- STREAMS
///// AREA OF
       SPILL
_____ FLOWLINES /
        INJECTION
        LINES

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 (code 1)   ☐ TANK (code 2)   ☐ CONTAINMENT DIKE (code 3)   ☐ WELL (code 4)
☐ PIT (code 5)   ☐ LOW (code 6)   ☐ OTHER (code 7)

EXPLAIN: _____

☐ EXTERNAL CORROSION   ☐ INTERNAL CORROSION   ☐ MECHANICAL MALFUNCTION
☐ ACCIDENTAL   ☐ HUMAN ERROR   ☐ INTENTIONAL DISCHARGE   ☐ VANDALISM

CONDITIONS:

WEATHER: ☐ CLEAR ☐ RAINING ☐ SNOW ☐ CLOUDY ☐ PARTLY CLOUDY
                    ☐ COLD ☐ MILD ☐ WARM
SOIL TYPE: ☐ SANDY ☐ LOAM ☐ CLAY
SOIL PRIOR CONDITIONS: ☐ DRY ☐ MOIST ☐ WET
TERRAIN   ☐ FLAT ☐ ROLLING ☐ HILLY
Did spill occur on previous severely damaged (salt kill) area? ☐ Yes ☐ No   (If yes, show outline of are on map)

SURFACE AND GROUNDWATER IMPACT

DID SPILL ENTER ☐ FLOWING STREAM ☐ RIVER ☐ LAKE ☐ POND ☐ BACKWATER ☐ SLOUGH
                ☐ INTERMITTENT STREAM (TOPO MAP BLUELINE) ☐ DID NOT IMPACT
DID SPILL PENETRATE GROUNDWATER RESOURCES OCCURRING 10FT OR GREATER BELOW SURFACE? ☐ YES ☐ NO
IMPACTED AREA (stream length and width or area): _____

REMEDIAL ACTION

CLEAN UP ACTION TAKEN:
_____
_____

ADDITIONAL CLEAN UP REQUIRED:
_____
_____

DISPOSITION OF ABSORBENT MATERIALS:
_____
_____

NOV issued for:
Failure to notify   ☐ Yes ☐ No Date: _____
Insufficient emergency response   ☐ Yes ☐ No Date: _____
Failure to remediate   ☐ Yes ☐ No Date: _____

_____   _____
Field Representative   Date