



ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Oil and Gas

One Natural Resources Way
Springfield, Illinois 62702-1271

(217) 782-7756



OG-12A PERMITTEE SPILL REPORT FORM

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

PERMITTEE: \_\_\_\_\_ PERMITTEE #: \_\_\_\_\_

LOCATION:

Form containing fields for IEMA #, PROPERTY /LEASE NAME, TANK #, PIT #, REFERENCE #, SECTION, TOWNSHIP, RANGE, and COUNTY.

TYPE OF SPILL

Form containing checkboxes for OIL and WATER spills, and fields for VOLUME LOST, VOLUME RECOVERED, DATE SPILL BEGAN, EST. TIME BEGAN, and DATE AND TIME SPILL REPORTED.

CAUSE OF SPILL

Form containing checkboxes for FLOWLINE, TANK, CONTAINMENT DIKE, WELL, STORAGE STRUCTURE, and OTHER, plus a field to DESCRIBE IN DETAIL CAUSE OF SPILL.

REMEDIAL ACTION

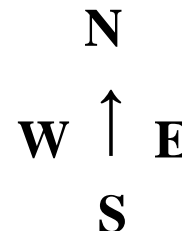
Form with two sections: 'Describe emergency response measures:' and 'Provide detailed description of overall clean-up actions (attach TPH analysis for oil spill):'.

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