



# FREE PRODUCT RECOVERY REPORT FORM

(Due monthly)

## OWNER/OPERATOR AND FACILITY DATA

### FACILITY INFORMATION:

COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_  
 LAT/LONG: \_\_\_\_\_  
 FACILITY ID #: \_\_\_\_\_

### OWNER/OPERATOR INFORMATION:

COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

## FREE PRODUCT RECOVERY ACTIVITIES

Details of the free product recovery system: \_\_\_\_\_  
 \_\_\_\_\_

Description of free product recovery system malfunctions \_\_\_\_\_  
 \_\_\_\_\_

Description of changes or modifications to the free product recovery system: \_\_\_\_\_  
 \_\_\_\_\_

### FREE PRODUCT RECOVERY INFORMATION

Type of free product:	
Initial date free product discovered:	
Date & method of notification:	
Estimated quantity released:	
Historic location(s) of free product:	
Current location(s) of free product:	
Product thickness per location:	
Gallons of product recovered current month:	
Gallons of product recovered (to date):	
Gallons of water discharged current month:	
Gallons of water discharged (to date):	
Disposition of recovered water:	

Additional Information: \_\_\_\_\_



Are free product recovery activities planned next month, if no, explain? Yes  No

\_\_\_\_\_

**MISCELLANEOUS DATA**

**THE FOLLOWING ITEMS MUST BE ATTACHED:**

***ADDITIONAL INFORMATION WHICH IS REQUIRED BY OAC 1301:7-9-13 OR ADDITIONAL INFORMATION WHICH CLARIFIES THE INVESTIGATION ACTIVITIES SHALL BE SUBMITTED AS APPENDICES TO THIS REPORT.***

**TABLES:**

- TABLE 1 - MONITORING WELL GAUGING DATA
- TABLE 2 – HISTORICAL FREE PRODUCT RECOVERY DATA



**FIGURES:**

- FIGURE 1 - TOPOGRAPHIC MAP
- FIGURE 2 - SITE MAP SHOWING THE LOCATION OF BUILDINGS, STRUCTURES, UTILITIES AND USTs
- FIGURE 3 – SITE MAP SHOWING THE LOCATION OF STRUCTURES, FREE PRODUCT AND BORINGS

**APPENDIX:**

- APPENDIX A – PERMITS
- APPENDIX B – DISPOSAL DOCUMENTATION

The Free Product Recovery Report Form **must** be signed by the UST owner/operator. The owner/operator is responsible for ensuring all data is accurate, and the form is legible and complete.

**OWNER / OPERATOR SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FORM PREPARED BY:**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_