

NDEP # 0 \_\_\_\_\_



Complaint/Spill Report Form

Report Date: \_\_\_\_\_ Report Time: \_\_\_\_\_

State of Nevada

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Telephone: (888) 331-6337

Do You Want to Remain Anonymous?

Fax: (775) 687-8335

Reporting Person/Agency \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Discharger/Owner/Operator of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ DOT#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Complaint/Spill:

APN#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Q,Q2: \_\_\_\_\_ Mile Marker: \_\_\_\_\_

Type of Material Discovered: \_\_\_\_\_

Concentration (% , ppm, ppb): \_\_\_\_\_

Quantity Found: \_\_\_\_\_ Media Affected: \_\_\_\_\_

Cause of Complaint/Spill:

Remedial Action Taken:

Oversight/Enforcement: \_\_\_\_\_

cc: \_\_\_\_\_

cc: \_\_\_\_\_

Comments:

Report Taken By: \_\_\_\_\_