## **Adobe Acrobat**

You can fill out this form in Acrobat Reader and then print the form with the data from the Reader. Note that you can NOT use the Save or Save As function with Acrobat Reader. If you want a copy for your records, please print an extra copy of the form.

### To fill out a form:

- (1) Select the hand tool .
- (2) Position the pointer inside a form field, and click. The I-beam pointer allows you to type text. The arrow pointer allows you to select a button, a check box, a radio button, or an item from a list.
- (3) After entering text or selecting an item, check box, or radio button, do one of the following:
  - -- Press Tab to go to the next form field.
  - -- Press **Shift+Tab** to go to the previous form field.
  - -- In a multi-line text form field, **Enter** or **Return** goes to the next line in the same form field. You can use **Enter** on the keypad to accept a change and deselect the current form field.
  - -- Press **Escape** to reject the form field change and deselect the current form field.
  - -- If you are in Full Screen mode, pressing **Escape** a second time causes you to exit Full Screen mode.
- (4) Once you have filled in the appropriate form fields, do the following:
  - -- Select the print tool for a copy of the form for mailing or to keep for your records.

### To clear a form in a browser window:

Exit the Acrobat viewer and start again. *Important: There is no undo for this action.* 



# Florida Department of Environmental Protection

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, FL 32399-2400

DEP Form # 62-713.900(3) Form Title Soil Testing Reporting Form	
Effective Date 8-5-99	
DEP Application No(Filled by DEP)	_

## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

#### SOIL TESTING REPORTING FORM

GENERAL REQUIREMENT: The purpose of this form is to provide a format for the documentation required by Rules 62-713.510(4) and (5), Florida Administrative Code (F.A.C.), for contaminated soil received by a stationary soil treatment facility. Applicable portions of this form shall be completed by the owner or operator of a stationary soil treatment facility when the contaminated soil is received at the facility.

Please Type or Print in Ink.

A.	PETROLEUM CONTAMINATED SOIL FROM SITES WITH APP	ROVED SITE ASSESSMENT REPOR	RTS
1.	Date Site Assessment Report approved:		
	Name of site:		
2.		~!.	
	Street	City	State
3.	Contaminated Site Facility ID No.:	County:	
4.	Amount of contaminated soil received:	yd³ or	tons
5.	Date contaminated soil received:		
_			
в.	NON-PETROLEUM CONTAMINATED SOIL FROM CONTAMINAT	TION ASSESSMENTS	
1.	Date Site Assessment Report approved:		
	Name of site:		
2.	Site location:		
	Street	City	State
3.	County:	_	
4.	Amount of contaminated soil received:	yd³ or	tons
5.	Date contaminated soil received:		