



ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
THIRTY (30)-DAY ADVERSE INCIDENT WRITTEN REPORT
FOR THE PESTICIDE GENERAL PERMIT (PGP)
FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

This form is for Operators required to submit a written report of any reportable adverse incidents to ADEM, for pesticide regulation. Where multiple Operators are authorized for a discharge that results in an adverse incident, reporting by any one of the Operators constitutes compliance for all of the Operators, provided a copy of this report is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident

Reportable Adverse Incident

24-Hour Notification

When an Operator observes or is otherwise made aware of an adverse incident, which may have resulted from a discharge from a pesticide application, the Operator must immediately notify ADEM. This notification must be made by telephone, email, or through the AEPACS within 24 hours of the Operator becoming aware of the adverse incident. The following information is required:

Caller's Name: _____

Caller's Telephone Number: _____

Operator's Name: _____

Mailing Address: _____

NPDES Permit Number: _____

If Permit contact person(s) is different from the Caller, please provide below:

Contact Name: _____

Contact Telephone Number: _____

How and when was the Operator became aware of the adverse incident: (Add additional pages if needed)

Describe the location of the adverse incident: (Add additional pages if needed)



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Describe the adverse incident identified and the pesticide product applied in the area of the adverse incident: (Add additional pages if needed)

Describe any steps the Operator has taken or will take to correct, repair, remedy, clean up, or otherwise address any adverse effects: (Add additional pages if needed)

If the Operator was not able to notify the Department within 24 hours, this must be done as soon as possible and must include a rationale for why the Operator was unable to provide notice within 24 hours.

30-Day Notification

Date ADEM was Contacted: ____/____/____

Time ADEM was contacted: _____

How was ADEM Contacted(Phone, Email, AEPACS): _____

Phone:

Name of ADEM Staff: _____

Instructions given by ADEM staff: (Add additional pages as needed)



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Location of incident, including the names of any waters affected and appearance of those waters (sheen, color, clarity, etc.): (Add additional pages as needed)

Describe the circumstances of the adverse incident including species affected, estimated number of affected individuals, and approximate size of dead or distressed organisms: (Add additional pages as needed)

Describe the magnitude and scope of the affected area (e.g. aquatic square area or total stream distance affected): (Add additional pages as needed)

Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product. (Add additional pages as needed)

Pesticide Application Rate: _____ Pesticide Application Rate: _____

Intended use Site: _____ Intended use Site: _____

Method of Application: _____ Method of Application: _____

Pesticide Product: _____ Pesticide Product: _____



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Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied): (Add additional pages as needed)

Provide an indication of which laboratory test(s), if any, were performed, and when. (Note: A summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.): (Add additional pages as needed)

Describe the actions to be taken to prevent recurrence of adverse incidents: (Add additional pages as needed)



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Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: _____

Title: _____

Email: _____

Signature/Responsible Official: _____ Date: ____/____/____

Adverse Incident Report Preparer (Complete if Adverse Incident Report was prepared by someone other than the certifier)

Preparer Name: _____

Organization: _____

Phone: _____ Date: ____/____/____

Email: _____