

ADEM Form 029
NPDES Pesticide Adverse Incident Report

The Department's preferred method of submittal of the NPDES Pesticide Adverse Incident Report is electronically via ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> .This form package includes both the AEPACS electronic version in a human readable format and the hardcopy version. Since AEPACS allows for dynamic smart forms to be developed, there are differences between the forms due to the availability of conditionality and the ability to prefill data fields in the electronic version of the form.

Pesticides Adverse Incident Report (Form 029)

Respond with "n/a" as appropriate. Forms with incomplete or incorrect answers will be returned and may result in appropriate compliance action by the department.

Reportable Adverse Incident

Pursuant to Part VI.D.1 of the permit, the reporting of adverse incidents is not required under the PGP in the following situations:

- (1) The Operator is aware of facts that clearly establish that the adverse incident was not related to toxic effects or exposure from the pesticide application;
- (2) The Operator has been notified by the Department that the reporting requirement has been waived for this incident or category of incidents;
- (3) The Operator receives information of an adverse incident but that information is clearly erroneous; or
- (4) An adverse incident occurs to pests that are similar in kind to pests identified on the FIFRA label.

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management
Water Division
Stormwater Management Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

CONTACTS

Phone : 334-271-7836

E-mail : cswmail@adem.alabama.gov

ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)

Pesticides Adverse Incident Report (Form 029)

Form Input

**This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

Reportable Adverse Incident

Is this adverse incident reportable? **Select One*

Yes No

Instructions

**This control is conditionally displayed based on answers provided in other parts of the form*

You must complete this report and submit it to the appropriate EPA Regional office and to the state lead agency for pesticide regulation.

Instructions

**This control is conditionally displayed based on answers provided in other parts of the form*

STOP.

You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned about the incident.

Permit & Operator Mailing Address/Information

Permit Number

Operator Mailing Information

Operator Name

Phone Type	Number	Extension
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Home

Mobile

Other

Business

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

Responsible Official

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

Operator Physical Address/Information

Operator Site Name

Operator Physical Address

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

Physical Address County *Select One

- Autauga Baldwin
- Barbour Bibb
- Blount Bullock
- Butler Calhoun
- Chambers Cherokee

... (More Options Available)

24-Hour Adverse Incident Notification

Pursuant to Part VI.D.2(a) of the permit, Operators that observe or are otherwise made aware of an adverse incident must include in this report the information provided to the Department in the 24-hour adverse incident notification (Part VI.D.1). Attach additional information if necessary.

Caller

First Name	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Phone Type	Number	Extension
Home	<input style="width: 95%;" type="text"/>	
Mobile	<input style="width: 95%;" type="text"/>	
Other	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Business	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Contact Person (if different from Caller)

First Name	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Phone Type	Number	Extension
Home	<input style="width: 95%;" type="text"/>	
Mobile	<input style="width: 95%;" type="text"/>	
Other	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Business	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

How and when did the Operator become aware of the adverse incident?

Describe the location of the adverse incident:

Describe the adverse incident identified and the pesticide name for each product applied in the area of the adverse incident:

Describe any steps that have been or will be taken to correct, repair, remedy, cleanup, or otherwise address any adverse effects:

Date/Time Operator Notified Department of the Adverse Incident

Date the Department was Notified

Time the Department was Notified

Department Contact

First Name

Last Name

Title

Instructions Received from the Department (if any):

Pesticide Use and Affected Area(s)

Name of Pesticide Product

Pesticide Application Rate

Intended Use Site (e.g. banks, above waters, or directly to waters)

Method of Application

Species Targeted

Other Information

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

Describe the circumstances of the adverse incident including species affected, estimated number of individuals and approximate size of dead or distressed organisms:

Describe the magnitude and scope of the affected area (e.g. aquatic acres or total stream distance affected):

Describe the habitat and the circumstances under which the adverse incident occurred. Include any available ambient water data for pesticide applied:

If laboratory tests were performed, indicate which tests were performed, when they were performed, and provide a summary of the test results within 5 days of them becoming available:

Describe the action(s) to be taken to prevent a recurrence of adverse incidents:

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

NPDES PESTICIDE ADVERSE INCIDENT REPORT

Instructions: Please complete all questions. Respond with "N/A" as appropriate. Forms with incomplete or incorrect answers, or missing signatures will delay processing. If space is insufficient, continue on an attached sheet(s) as necessary. Attach other information as needed. Please type or print legibly in ink. **Mail complete form to:** ADEM-Water Division, Stormwater Management Branch, PO Box 301463, Montgomery, AL 36130-1463

I. REPORTABLE ADVERSE INCIDENT

Is the adverse incident reportable?

- Yes. You must complete this report and submit it to the appropriate EPA Regional office and to the state lead agency for pesticide regulation.
- No. STOP. You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned about the incident.

Pursuant to Part VI.D.1 of the permit, the reporting of adverse incidents is not required under the PGP in the following situations: (1) The Operator is aware of facts that clearly establish that the adverse incident was not related to toxic effects or exposure from the pesticide application; (2) The Operator has been notified by the Department that the reporting requirement has been waived for this incident or category of incidents; (3) The Operator receives information of an adverse incident but that information is clearly erroneous; or (4) An adverse incident occurs to pests that are similar in kind to pests identified on the FIFRA label.

II. INFORMATION FROM THE 24-HOUR ADVERSE INCIDENT NOTIFICATION

Pursuant to Part VI.D.2(a) of the permit, Operators that observe or are otherwise made aware of an adverse incident must include in this report the information provided to the Department in the 24-hour adverse incident notification (Part VI.D.1). Attach additional information if necessary.

Caller's Name	Caller's Phone Number
Operator Name	Operator Mailing Address
NPDES Permit Number ALG87	Operator City, State, Zip Code
Contact Person (if different from Caller)	Contact Person Phone Number (if different from Caller)
How and when did the Operator become aware of the adverse incident?	
Describe the location of the adverse incident:	
Describe the adverse incident identified and the pesticide name for each product applied in the area of the adverse incident.	
Describe any steps that have been or will be taken to correct, repair, remedy, cleanup, or otherwise address any adverse effects.	

III. DATE/TIME OPERATOR NOTIFIED DEPARTMENT OF THE ADVERSE INCIDENT

Date the Department was Notified	Time the Department was Notified
Name and/or Title of the Person the Operator Contacted at the Department	
Instructions Received from the Department (if any)	

IV. OTHER INFORMATION

Location of incident, including the names of any waters affected and the appearance of those waters (sheen, color, clarity, etc.)
Describe the circumstances of the adverse incident including species affected, estimated number of individuals and approximate size of dead or distressed organisms.
Describe the magnitude and scope of the affected area (e.g. aquatic acres or total stream distance affected).
Provide the following information for each pesticide used in the affected area(s): Pesticide Application Rate: _____ Intended Use Site (e.g. banks, above waters, or directly to waters): _____ Method of Application: _____ Name of Pesticide Product: _____ Species Targeted: _____
Describe the habitat and the circumstances under which the adverse incident occurred. Include any available ambient water data for pesticide applied.
If laboratory tests were performed, indicate which tests were performed, when they were performed, and provide a summary of the test results within 5 days of them becoming available.
Describe the action(s) to be taken to prevent a recurrence of adverse incidents.

V. CERTIFICATION OF OPERATOR RESPONSIBLE OFFICIAL

"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 gather and evaluate the information submitted. Based on 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 or imprisonment for knowing violations."	
Name _____	Official Title _____
Signature _____	Date Signed: _____