

# ADEM NPDES PESTICIDE ADVERSE INCIDENT REPORT FORM

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.

Complete this form, attach additional information as necessary, and send report to the ADEM central office in Montgomery.

## 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 <b>ALG87</b>	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 (type or print) \_\_\_\_\_ Official Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_