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|  | ACCIDENTAL DISCHARGE / SPILL NOTIFICATION |  |
|  |  |  |
| **GENERAL INFORMATION** | **PERMIT # :**  |
| **APPLICANT/COMPANY**  | **VESSEL NAME** | **VESSEL LOCATION (Lat/Long)** |
| **PERSON REPORTING** | **PHONE NUMBER OF PERSON REPORTING** | **REPORTED HOW? (e.g. by phone)** |
| **DATE/TIME OF SPILL** | **DATE/TIME REPORTED** | **NAME OF ADEC STAFF CONTACTED** |
| VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF SPILL. |
| INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary) |
| **PRODUCT SPILLED** (e.g. sewage, propylene glycol, etc) | **SOURCE OF SPILL** |
| **QUANTITY SPILLED (volume or weight)** | **QUANTITY CONTAINED** | **QUANTITY RECOVERED** | **QUANTITY DISPOSED** |
| **CAUSE OF SPILL (be specific**) |
| **CLEANUP ACTIONS (describe in detail)** |
| **DISPOSAL METHODS AND LOCATION (describe in detail)** |
| **STATUS OF CLEANUP ACTIONS** |
| **ENVIRONMENTAL DAMAGE.**[ ]  YES [ ]  NO [ ]  UNKNOWNIf yes, provide details below. | **SURFACE AREA AFFECTED (square feet)** | **SURFACE TYPE (e.g. marine waters of the state, waters of the United States**) |
| **ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (describe in detail)** |
| **COMMENTS** |
| 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 fines and imprisonment for knowing violations.” |
| NAME: |  |  | SIGNATURE: |  |  | DATE: |  |
|  |
| FORMS MUST BE SENT TO DEC WITHIN 7 DAYS OF THE EVENT. |