



ALASKA
 Department of
 Environmental
 Conservation

ACCIDENTAL DISCHARGE / SPILL NOTIFICATION

GENERAL INFORMATION		PERMIT #: 2009 DB0026	
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.	SURFACE AREA AFFECTED (square feet)	SURFACE TYPE (e.g. marine waters of the state, waters of the United States)	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If yes, provide details below.			
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.			