



ALASKA
Department of
Environmental
Conservation

NONCOMPLIANCE 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 EVENT WAS NOTICED	DATE/TIME REPORTED	NAME OF ADEC STAFF CONTACTED	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY			
INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)			
NATURE OF THE DISCHARGE (e.g. boiler blow down, sewage, graywater, etc.)			
ESTIMATED QUANTITY INVOLVED (volume or weight)		ESTIMATED DURATION OF NONCOMPLIANCE	
CAUSE OF EVENT (be specific)			
PERMIT CONDITION DEVIATION Identify each permit condition exceeded during the event.			
Parameter (e.g. BOD ₅ , pH)	Permit Limit	Exceedence (sample result)	Sample date
CORRECTIVE ACTIONS Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.			
ENVIRONMENTAL DAMAGE. <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)			
ACTIONS TAKEN TO REDUCE OR ELIMINATE ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (describe in detail)			
COMMENTS			

(Note: Signature on page 2 is required.)

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.