(For Agency Use) Permit Authorization #: _____

Thirty (30)-Day Adverse Incident Written Report for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

This form is for Operators required to submit a written report of any reportable adverse incidents to the DEC Wastewater Compliance and Enforcement Program for pesticide regulation. Where multiple Operators are authorized for a discharge that results in an adverse incident, reporting by any one of the Operators constitutes compliance for all of the Operators, provided a copy of this report is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident.

A. Reportable Adverse Incident

Is the adverse incident reportable? Reporting of adverse incidents is not required under the PGP in the following situations: (a) An Operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application; (b) An Operator has been notified by EPA, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents; (c) An Operator receives information of an adverse incident, but that information is clearly erroneous; or (d) An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

☐	Yes. You must complete this report and submit it to the DEC Wastewater Compliance and Enforcement Program 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 on such.

B. Information from the 24-hour Adverse Incident Notification

When an Operator observes or is otherwise made aware of an adverse incident, which may have resulted from a discharge from a pesticide application, the Operator must immediately notify the DEC Division of Water, Compliance and Enforcement Program as identified in Appendix A, Part 1.1.2 of the permit. This notification must be made by telephone within 24 hours of the Operator becoming aware of the adverse incident. Operators must include in the written report the information provided to DEC in the 24-hour adverse incident notification (PGP Part 6.4.1.1). Attach additional information if necessary.

1. Caller's Contact Information

Caller's Name:	Telephone Number	Email (optional)

2. Operator Information

Operator Name:	Contact Name: *(if different than the person providing the 24-hour notice under item 1 above.)*	Title:

Phone:	Fax (optional):	Email:

Operator Mailing Address:	Street (PO Box):		
	City:	State:	Zip:

3. NOI APDES Permit Tracking Number: (Enter "NA" if not applicable)

4. Describe how and when the Operator became aware of the adverse incident:

5. Describe the location of the adverse incident:

6. Describe the adverse incident identified and the pesticide product, including the EPA pesticide registration number in Item 6a below, for each product applied in the area of the adverse incident:

a. Pesticide Registration Number: Pesticide Registration Number:

7. Describe any steps the Operator has taken or will take to correct, repair, remedy, clean up, or otherwise address any adverse effects:

8. Identify any other Operators authorized for coverage under this permit for discharges from the pesticide application activities that resulted in the adverse incident and if so, provide details of your notification of those other Operator(s):

C. Date and Time the Operator Notified DEC of the Adverse Incident

1. Date DEC was contacted:
2. Time DEC was contacted:

3. Name and/or title of the person the Operator spoke with at DEC:
   a. Name:
   b. Title:

4. Instructions received from DEC:

D. Other Information Required in the Thirty (30)-Day Adverse Incident Report

Please attach additional information if necessary.

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

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

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

4. Describe the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of the pesticide product and EPA registration number.

Pesticide application rate:		Pesticide application rate:	
Intended use site:		Intended use site:	
Method of application:		Method of application:	
Product:		Product:	
EPA Registration Number:		EPA Registration Number:	

5. Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied):

6. Provide an indication of which laboratory test(s), if any, were performed, and when. (Note: A summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.):

7. Describe the actions to be taken to prevent recurrence of adverse incidents:

III. Certification Information

An Alaska Pollutant Discharge Elimination System (APDES) permit application or report must be signed by an individual with the appropriate authority per 18 AAC 83.385. For additional information, please refer to 18 AAC 83.385 at the following link: http://www.legis.state.ak.us/basis/aac.asp#18.83.385.

Corporate Executive Officer 18 AAC 83.385 (a)(1)(A)	For a corporation, a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.
Corporate Operations Manager 18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
Sole Proprietor or General Partner 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer 18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
**For Delegated Authority: the delegation must be made in writing and submitted to the DEC.* *An Example of written authorization delegating authority can be found on the Division of Water website:* *http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf*	
Operations Manager *(Delegated Authority)** 18 AAC 83.385 (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
Environmental Manager *(Delegated Authority)** 18 AAC 83.385 (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.

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 and imprisonment for knowing violations.

Organization:	Name:	Title:
Phone:	Fax (optional):	Email:
Mailing Address: ☐ Check if same as Operator Information	Street (PO Box):	
	City:	State: / Zip:

Signature/Responsible Official _____ Date _____

Adverse Incident Report Preparer (Complete if worksheet was prepared by someone other than the certifier)

Organization:	Name:	Title:
Phone:	Date:	Email:
Mailing Address: ☐ Check if same as Operator Information	Street (PO Box):	
	City:	State: / Zip:

Instructions for Completing and Submitting the Thirty (30) Day Adverse Incident Written Report for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

Who Must Submit a 30-day Adverse Incident Report?

All Operators who observe or are otherwise made aware of a reportable adverse incident pursuant to Part 6.4 of the permit must submit on adverse incident report.

However, even for those identified adverse incidents for which the Operator is not required to report, DEC recommends that Operators consider using this form to document the incident and the rationale for why reporting of the adverse incident is not required. This information may be useful to support a rationale should this determination be questioned.

An adverse incident, as defined in the Appendix C of the permit, is an unusual or unexpected incident that an Operator has observed upon inspection or of which the Operator otherwise became aware, in which: (1) there is evidence that a person or non-target organism has likely been exposed to a pesticide residue, and (2) the person or non-target organism suffered a toxic or adverse effect. See Appendix C of the permit, for the complete definition of adverse incident.

Where multiple Operators are authorized for a discharge that results in an adverse incident, notification and reporting by any one of the Operators constitutes compliance for all of the Operators, provided a copy of the written report required in Part 6.4.2 of the permit is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident.

When to File the Adverse Incident Report

Operators must a provide a written report of any reportable adverse incidents to the DEC Division of Water, Compliance and Enforcement Program within 30 days of the adverse incident pursuant to Part 6.4.1.1 of the permit.

Where to File the 30-day Adverse Incident Report

The Operator must immediately notify the DEC Pesticide Control Program of the adverse incident within 24 hours. The Operator(s) must provide a written report of the adverse incident to DEC Division of Water, Compliance and Enforcement Program Appendix A, Part 1.1.2 of the permit and to the DEC Pesticide Control Program (http://dec.alaska.gov/eh/pest/Index.htm).

Completing the 30-day Adverse Incident Report

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions, and make a photocopy for your records before you send the completed original form to DEC Division of Water, Compliance and Enforcement Program.

Section A. Reportable Adverse Incident

The Operator is required to submit this Adverse Incident Report if the adverse incident is reportable. Check yes if the adverse incident is reportable. If an Adverse Incident Report is not required, check no. No further action is needed on this form. Reporting of adverse incidents is not required under the PGP in the following situations:

a. An Operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application;

b. An Operator has been notified by EPA, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents;

c. An Operator receives information notifying the Operator of an adverse incident, but that information is clearly erroneous; or

d. An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

Section B. Information from the 24-hour Adverse Incident Notification

1. Provide contact information for the person that called EPA to report the adverse incident.
   a. Enter the legal name of the caller.
   b. Enter the phone number of the caller.
2. Provide the Operator's contact information.
   a. Enter the legal name of the Operator.
   b. Enter the mailing address of the Operator.
3. If an NOI was filed as required in Part 1.2 of the permit, enter the APDES Permit Tracking Number assigned by DEC. You can find the tracking number assigned to your NOI using DEC's Water Permit Search http://dec.alaska.gov/Applications/Water/WaterPermitSearch/Search.aspx. If no NOI submitted, enter "NA" for not applicable.
4. Provide information for a contact person, if different than the person that called DEC to report the adverse incident.
   a. Enter the legal name of the contact person.
   b. Enter the phone number of the contact person.
5. Provide a description of how and when the Operator became aware of the adverse incident.
6. Provide a description of the location of the adverse incident.
7. Provide a description of the adverse incident and the pesticide product used in the adverse incident. Include the EPA pesticide registration number for each product applied in the area of the adverse incident. Attach additional pages if necessary
8. Provide a description of any steps the Operator has taken to correct, repair, remedy, clean up or otherwise address the adverse effects of the incident.
9. Identify any other Operators authorized for coverage under the permit for discharges from the pesticide application activities that resulted in the adverse incident. If other Operators are authorized under this permit, provide details of your notification of those other Operator(s).

Section C. Date and Time the Operator Notified EPA of the Adverse Incident

1. Enter the date that DEC was contacted to report the adverse incident.
2. Enter the time DEC was contacted to report the adverse incident.
3. Provide the legal name and title of the person contacted at DEC.
4. Provide a description of the instructions received by DEC.

Section D. Other Information Required in the Thirty (30) Day Adverse Incident Report

1. Enter the location of the adverse incident and include the names of any waters affected. Please include the appearance of those waters (sheen, color, clarity, etc.).
2. Provide a description of the circumstances of the adverse incident including species affected, estimated number of affected individuals and approximate size of dead or distressed organisms.
3. Provide a description of the magnitude and scope of the affected area. Include aquatic square area or total stream distance affected, if possible.
4. Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product and EPA registration number.

5. Provide a description of the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied).
6. Indicate which laboratory test(s) were performed and when, if laboratory tests were performed. The summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.
7. Provide a description of the actions to be taken to prevent recurrence of adverse incidents.

Section D. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix A of the permit. An unsigned or undated form will not be accepted.

T**he certification must be signed as follows**:

(1) For a corporation, a responsible corporate officer shall sign the NOT, a responsible corporate officer means:

- (A) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making functions for the corporation; or
- (B) the manager of one or more manufacturing, production, or operating facilities, if
  - (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations;
  - (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and
  - (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) For a partnership or sole proprietorship, the general partner or the proprietor, respectively; or

(3) for a municipality, state, or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of an agency means

- (A) the chief executive officer of the agency; or
- (B) a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

If the Adverse Incident Report was prepared by someone other than the certifier (for example, if the Adverse Incident Report was prepared by a consultant for the certifier's signature), include the name, organization, phone number and email address of the Adverse Incident Report preparer.