



NONCOMPLIANCE NOTIFICATION FORM

GENERAL INFORMATION		PERMIT NO. 2013DB0004	
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 OR WRITTEN 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. sewage, graywater, etc.)			
ESTIMATED QUANTITY INVOLVED (volume or weight)		ESTIMATED DURATION OF NONCOMPLIANCE	
CAUSE OF EVENT (be specific)			
PERMIT CONDITION VIOLATION 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.

IMMEDIATELY NOTICABLE ENVIRONMENTAL DAMAGE? ☐ YES ☐ NO ☐ UNKNOWN (If yes, provide details and/or photos below).

POTENTIAL FUTURE ENVIRONMENTAL/PUBLIC HEALTH DAMAGE? ☐ YES ☐ NO ☐ UNKNOWN (If yes, provide details and/or photos below).

ACTIONS TAKEN TO PREVENT FUTURE OCCURANCES (describe in detail)

ADDITIONAL 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 have no personal knowledge that the information submitted is other than 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: _____

FORM MUST BE SENT TO THE DEPARTMENT WITHIN 7 DAYS OF DISCOVERY TO:

Commercial Passenger Vessel Environmental Compliance Program

Division of Water

Alaska Dept. of Environmental Conservation

410 Willoughby Avenue, Suite 303

PO Box 111800

Juneau, AK 99811-1800