Five (5)-DAY ADVERSE INCIDENT REPORT FOR THE PESTICIDE GENERAL PERMIT

This form is for operators required to submit a written report of any reportable adverse incidents to DWQ. 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 5 days of the reportable adverse incident.

A. Reportable Adverse Incident

Is the adverse incident reportable? Reporting of adverse incidents is not required in the following situations: (a) An operator is aware of facts that indicate the adverse incident was not related to toxic effects or exposure from the pesticide application; (b) An operator has been notified by DWQ, 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 DWQ.
☐ 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 DWQ by phone within 24 hours of the operator becoming aware of the adverse incident. In addition operators must submit this written report to DWQ and attach additional information if necessary, within 5 days of the incident.

1. Caller's Contact Information:
   a. Name:
   b. Telephone Number: __________-________-________ Ext ________

2. Operator Information:
   a. Operator Name:
   b. Mailing Address:
      Street: ___________________________________________________________________________
      City: ___________________________________________________________________________
      State: __________________ ZIP Code: ________-________

3. UPDES Permit Number: ____________ (Enter "NA" if not applicable)

4. Contact person, if different than the person providing the 24-hour notice under item 1 above:
   a. Name:
   b. Telephone Number: __________-________-________ Ext ________

5. Describe how and when the operator became aware of the adverse incident:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

6. Describe the location of the adverse incident:

_____________________________________________________________________________________
_____________________________________________________________________________________
7. Describe the adverse incident identified and the pesticide product, including EPA pesticide registration number in item 7a below, for each product applied in the area of the adverse incident:

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

9. 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 DWQ of the Adverse Incident

1. Date DWQ was contacted: ___/___/____  2. Time DWQ was contacted: _______________________

3. Name and/or title of the person the operator spoke with at DWQ:
   a. Name: ____________________________  b. Title: ____________________________

4. Instructions received from DWQ:
   ____________________________________________
   ____________________________________________
   ____________________________________________
D. Other Information Required in the Five (5) 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 or total stream distance affected):


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 pesticide registration number (EPA Reg. No.).

|---------------------------|---------------------------|------------------|------------------|----------------------|----------------------|------------------|------------------|-------------|-------------|

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:


E. Certification
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 gathered and evaluated the information submitted. On the basis of 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.

| Printed Name: |                                      |
| Title:        |                                      |
| E-Mail:       |                                      |

Signature/Responsible Official: ___________________________ Date: ________ / ________ / ________

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

| Preparer Name: |                                      |
| Organization:  |                                      |
| Phone:         |                                      |
| E-Mail:        |                                      |

Date: ________ / ________ / ________

Instructions for Completing and Submitting the Five (5) Day Adverse Incident Written Report for the Pesticide General Permit

Who Must Submit a 5-day Adverse Incident Report?
All operators who observe or are otherwise made aware of a reportable adverse incident pursuant to Part III.G.4 of the permit must submit an adverse incident report. An adverse incident, as defined in Part V.4 of the permit, is an unusual or unexpected incident that an operator has observed upon inspection or of which the operator otherwise became aware.

When 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 is also provided to all of the other authorized operators within 5 days of the reportable adverse incident.

When to File the Adverse Incident Report
Operators must provide a written report of any reportable adverse incidents to DWQ within 5 days of the adverse incident.

Where to File the 5-day Adverse Incident Report
Submit the report to:
Division of Water Quality
Pesticide Permit Program Coordinator
195 North 1950 West
PO Box 144870
Salt Lake City, Utah 84114-4870

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dghall@utah.gov