UTAH DEPARTMENT of ENVIRONMENTAL QUALITY
WATER QUALITY

Five (5)-DAY ADVERSE INCIDENT REPORT
PESTICIDE GENERAL PERMIT (UTG170000)

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 that 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 not reporting it. This information may be useful to support your rationale should you be questioned on such incident.

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 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 "N/A" 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 for each product applied in the area of the adverse incident:

   a. (For EPA registered pesticides, include the EPA pesticide registration number in 7c, below)

   b. (For pesticides, chemicals, or biological agents used by Group 5 operators in Utah that are not EPA registered pesticides, include product name and active ingredient)

   c. EPA Pesticide Registration Number:

   EPA Pesticide Registration Number:

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 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 of the person the operator spoke with at DWQ:

   a. Name:

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, chemical, or biological agent application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of product and EPA pesticide registration number (EPA Reg. No.), or N/A if not an EPA-registered product.

Product application rate:		Product application rate:	
Intended use site:		Intended use site:	
Method of application:		Method of application:	
Product:		Product:	
EPA Reg. No. or N/A:		EPA Reg. No or N/A:	

5. Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for product 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: – – Ext Date: / /

E-Mail:

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 on 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.

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 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

Mail

Utah Department of Environmental Quality
Division of Water Quality
Attn: Pesticide Permit Coordinator
PO Box 144870
Salt Lake City, Utah 84114-4870

Email

dghall@utah.gov

Hand Delivered

Utah Department of Environmental Quality
Division of Water Quality
195 North 1950 West (MASOB)
Salt Lake City, Utah 84114-4870

Electronic Submission Portal

https://deq.utah.gov/water-quality/water-quality-electronic-submissions

DWQ-2021-031794