

State of Georgia
Department of Natural Resources
Environmental Protection Division
Thirty (30) Day Adverse Incident Report for
General NPDES Permit For Discharges of Aquatic Pesticides to Waters of the State
GAG820000

Reported by: _____ Telephone: _____

Contact Name & Telephone: _____
(if different from above)

Mailing Address of Permittee:

Address

City

State

Zip

Date and time EPD was notified of the adverse incident:

Date: _____ Time: _____ a.m. p.m.

Name of EPD personal that was notified and any instructions given:

Briefly describe how & when the operator became aware of the adverse incident:

Location of incident, including the names of any waters affected and appearance (sheen, color, clarity, etc) of those waters (use additional pages if necessary):

Provide a description of the circumstances of the incident, including species affected, estimated number of individuals, description of the habitat and approximate size of dead or distressed organisms):

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Magnitude and scope of the affected area (e.g. aquatic square area of total stream distance affected):

Provide the following information for the products applied in the area of the adverse incident (attach additional pages if necessary):

Name of Pesticide Product: _____

Product Ingredient: _____

Application Rate: _____

EPA Registration Number: _____

Intended use site (e.g. banks, above or direct to water): _____

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

If laboratory tests were performed, indicate what test(s) were performed, and when, and provide EPD a summary of the test results within 5 days after they become available:

If applicable, explain why the operator believes the adverse incident could not have been caused by exposure to the pesticide:

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Briefly describe any steps taken or steps that will be taken to correct, repair or otherwise address any adverse effects:

Actions to be taken to prevent recurrence of adverse incidents:

Certification Statement:

I certify that this document has been signed in accordance with the requirements in the Georgia Rules and Regulations for Water Quality Control, Chapter 391-3-6-.15(5)(a-g):

Printed Name of Person Signing

Title

Signature

Date Signed