VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERVATION
WATERSHED MANAGEMENT DIVISION
LAKES & PONDS PROGRAM

24 Hour Adverse Incident Notification Report Form

For authorizations to discharge under the **Pesticide General Permit**

Submission of this form satisfies the provisions within Pesticide General Permit, Section 6.4.1.1 Adverse Incident Notification Required. This form must be submitted within 24 hours, when an Operator observes or is otherwise made aware of an adverse incident resulting from the discharge of pesticide residue into waters of the state

A. Permittee Information

1. Operator Name:	2. Permit Number:

3. Is the operator a: ☐ Decision Maker ☐ Operator ☐ Both

4. Name:

5a. Mailing Address:

5b. Town:	5c. State:	5d. Zip

6. Phone:	7. Email:

8. Authorized Pesticide Use Pattern(s):

☐ Mosquito & other flying insect pest control
☐ Animal pest control
☐ Weed & algae pest control
☐ Forest canopy pest control

B. Adverse Incident Information

1. Please select one: ☐ This incident was observed ☐ Otherwise made aware of the incident	2. Date of the incident:

3. Latitude:	4. Longitude:

5. Waterbody ID: DEC's Waterbody ID ArcGIS webpage:

6. Common name of the waterbody:	7. Town:
8. Pesticide Trade Name:	9. EPA Registration #:
10. Active Ingredient:	11. Application Rate:

Please include a copy of the product label and material safety data sheet. If needed, please explain application rate and provide calculations.

C. 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. 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.

Operator
Signature: _____ Date: _____

Submit this form to:

Vermont Department of Environmental Conservation
Watershed Management Division – Lakes & Ponds
1 National Life Drive, Main 2
Montpelier, VT 05620-3522

Direct all correspondence to: ***Misha Cetner, Pesticide General Permit Coordinator****, email:* ***misha.cetner@vermont.gov or (802) 490-6199***