



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Division of Water Pollution Control

ADVERSE INCIDENT REPORT

GENERAL PERMIT FOR PESTICIDE APPLICATION POINT SOURCE DISCHARGES

24-HOUR ADVERSE INCIDENT NOTIFICATION

CALLER'S CONTACT INFORMATION

Name: _____

Telephone: _____

PERMITTEE INFORMATION

Permittee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

NPDES Permit Number ILG87

CONTACT PERSON (If different than the person providing the 24-hour notice)

Name: _____

Telephone: _____

INCIDENT INFORMATION

Describe how and when the permittee became aware of the adverse incident: _____

Describe the location of the adverse incident: _____

Describe the adverse incident identified and the pesticide product, including USEPA pesticide registration number, for each product applied in the area of the adverse incident: _____

Product	USEPA Registration No.

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

The Agency is authorized to require this information under Section 4 and Title X of the Environmental Protection Act (415 ILCS 5/4, 5/39). Failure to disclose this information may result in: a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42) and may also prevent this form from being processed and could result in your application being denied.

RATIONALE WHY ADVERSE INCIDENT NOTIFICATION NOT REQUIRED

Provide an explanation of why the permittee believes the adverse incident could not have been caused by exposure to the pesticide, if applicable: _____

Consistent with permit requirements, permittee must also complete the 15-day Adverse Incident Report below if unable to justify why adverse incident notification is not required.

15-DAY ADVERSE INCIDENT REPORT

1. Date and time Illinois Emergency Management Agency (IEMA) was contacted: _____

2. Name and/or title of the person the permittee spoke with at IEMA:

Name: _____

Title: _____

3. Instructions received from IEMA: _____

4. Location of incident, including the names of any waters affected and appearance of those waters (sheen, color, clarity, etc): _____

5. Describe the circumstances of the adverse incident including species affected, estimated number of individuals and approximate size of dead or distressed organisms: _____

6. Describe the magnitude and scope of the affected area (e.g. aquatic square area or total stream distance affected): _____

7. Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, name of pesticide product, and USEPA registration number.

Pesticide application rate: _____

Pesticide application rate: _____

Intended use site: _____

Intended use site: _____

Method of application: _____

Method of application: _____

Product: _____

Product: _____

USEPA Reg. No.: _____

USEPA Reg. No.: _____

8. Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied): _____

9. 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.): _____

10. Describe the actions to be taken to prevent recurrence of adverse incidents: _____

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.

Name: _____

Title: _____

Signature/Responsible Official: _____

Date: _____

INSTRUCTIONS FOR COMPLETION OF THE ADVERSE INCIDENT REPORT

Information to be submitted for the 24-hour adverse incident notification must be made by telephone within 24 hours of the permittee becoming aware of the adverse incident. Refer to 6.4.1.1 of the permit for more information on 24-hour Adverse Incident Notification.

This Report must be submitted to IEPA within 15 business days of a reportable adverse incident. Refer to 6.4.2 of the permit for more information on the 15-day Adverse Incident Report.

This form must be typed or printed legibly and signed. Please attach additional information if necessary.

Submit completed report electronically to: epa.ILG87pest5day@illinois.gov