



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Adverse Incident Report Form

NPDES Pesticide General Permit
National Pollutant Discharge Elimination System (NPDES) Program

Doc Type: Notifications

Instructions: Within 15 days of an Adverse Incident, you must submit an Adverse Incident Report to the Minnesota Pollution Control Agency (MPCA). The Adverse Incident Report is a follow-up to the required 24-hour Adverse Incident Notification made to the Minnesota Public Safety Duty Officer. Much of what was reported at that time, in addition to corrective actions and/or clean up done in response to the Adverse Incident, must be included in the Report. This form meets the Adverse Incident Report requirements of Section 11 (Adverse Incident Documentation and Reporting – Requirement for All Permittees) of the Pesticide General Permit.

Submit form within 15 days of an Adverse Incident by mailing to the Minnesota Pollution Control Agency (MPCA) at the following address:

Attn: Water Quality Submittals
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

Permittee Information

Permittee name: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Contact name: _____ Phone: _____
Permit number on Notice of Coverage (if applicable): _____

Adverse Incident Information

Describe how (monitoring during application, monitoring post-application, report from third party, etc.) and when you become aware of the adverse incident:

Duty Officer notification date/time: _____ / _____ ☐ am ☐ pm

Name of person who provided notification: _____ **Notifier's phone:** _____

Duty Officer's name (if known): _____ **Duty Officer's phone:** _____

Describe any instructions you received from the Duty Officer:

Location of the adverse incident, including the names of any waters affected, appearance of those waters (sheen, color, clarity, etc.), and size of the affected area (e.g., aquatic square area or total stream distance affected):

Describe the species affected, estimated number of individual affected plants or animals, and approximate size of affected plants or animals:

Pesticide application rate, intended use site (e.g., directly to water, over water, right-of-way), method of application, name of pesticide product, description of pesticide ingredients, and pesticide U. S. Environmental Protection Agency (EPA) registration number(s):

If laboratory tests were performed, indicate what test(s) were performed and when, and provide a summary of the test results within five days after they become available (*The laboratory test summary may be sent under separate cover if you have not received test result by the time this Adverse Incident Report is due.*):

Describe any steps you have taken or will take to correct, repair, clean up, or otherwise address any adverse effects, including actions taken to prevent recurrence of adverse incidents:

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

Certification

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete, and accurate.

Permittee (please print): _____

Contact (if different): _____

Title: _____ Date: _____

Title: _____ Date: _____

Signature: _____

Signature: _____