

Appendix C: Adverse Incident Template (25-PE)

THIRTY (30)-DAY ADVERSE INCIDENT WRITTEN REPORT FOR THE PESTICIDE GENERAL PERMIT (25PE) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

This form is for Operators who are required to submit a written report of any reportable adverse incidents to the Department. 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 the Operators, provided a copy of this report is also provided to all the other authorized Operators within 30 days of the reportable adverse incident.

A. Reportable Adverse Incident

Is this incident reportable? Reporting of adverse incidents is not required under the 25PE in the following situations: (a) An Operator is aware of facts that indicate that the adverse incident is not related to toxic effects of exposure from the pesticide application; (b) An Operator has been notified by the Department, 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 info is clearly erroneous; or (d) An adverse incident occurs to pests that are similar in kind to potential target species identified on the FIFRA label.

Yes. You must complete this report and submit it to the appropriate MDE agency personnel for pesticide regulation

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 why such reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned on such.

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 pesticide application, the Operator must immediately notify the appropriate MDE Incident Reporting Contact. This notification must be made by telephone within 24 hours of the Operator becoming aware of the adverse incident notification. Attach additional information if necessary.

1. Callers Contact Information:

a. Name: _____

b. Telephone number: _____

2. Operator Information:

a. Operator Name: _____

b. Mailing address: _____

3. NOI NPDES Permit Tracking Number: _____

4. Contact Person, if different from item 1 above:

a. Name: _____

b. Telephone Number: _____

5. Describe how and when the Operator became aware of the adverse incident:

6. Describe the location of the adverse incident:

C. Pest Management Area(s) (use additional page of each new area)

Pest Management Area # _____ of # _____

1. Have discharges from pest control activities occurred in this calendar year?

- a. No discharge from pest control activities this calendar year. Note: Checking this box completes Section C. Proceed to section D
- b. Yes. Proceed to question 2.

For each treatment area (use additional page for each treatment area)

2. Indicate the pesticide use pattern for the treatment area:

- | | |
|------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Mosquito and Other Flying Insect Pest Control | Target Pest: _____ |
| <input type="checkbox"/> Weed and Algae Pest Control | _____ |
| <input type="checkbox"/> Animal Pest Control | _____ |
| <input type="checkbox"/> Forest Canopy Pest Control | _____ |

3. Description of Treatment Area

- a. Attach a map to this form, and describe the treatment area location within this Pest Management Area:

- b. Size of treatment area in acres: _____

- c. Name and location of any Waters of this State to which discharges occurred: _____

- d. Have any pesticide application activities resulted in a discharge to Waters of this State containing NMFS Listed Desirable Species as defined in Appendix A of the permit? Yes No

If yes, list dates of any discharges: _____

4. Name and contact information of pesticide Applicator(s):

(or check here if same contact info as provided in Section A)

Company Name: _____

Address: _____

Contact Name: _____

Title: _____

Phone #: _____ Email: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before product application? Yes No Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Pesticide Registration Number, and by application method. Circle if quantity indicated is in lbs or gallons. Use additional pages if necessary.

1. Product Name: _____

EPA Pesticide Registration Number: _____

2. Product Name: _____

EPA Pesticide Registration Number: _____

1. Application method:

- ___ lbs or gal Aerially by fixed wing
- ___ lbs or gal Aerially by rotary aircraft
- ___ lbs or gal Land-based sprayer (includes backpack, vehicle mounted, or high-pressure canopy sprayer)
- ___ lbs or gal Aquatic vehicle mounted sprayer
- ___ lbs or gal Direct mixture (includes metering, subsurface applications)
- ___ lbs or gal Chemigation
- ___ lbs or gal Other (specify): _____

2. Application method:

- ___ lbs or gal Aerially by fixed wing
- ___ lbs or gal Aerially by rotary aircraft
- ___ lbs or gal Land-based sprayer (includes backpack, vehicle mounted, or high-pressure canopy sprayer)
- ___ lbs or gal Aquatic vehicle mounted sprayer
- ___ lbs or gal Direct mixture (includes metering, subsurface applications)
- ___ lbs or gal Chemigation
- ___ lbs or gal Other (specify): _____

D. Certification

I certify under penalty of law that this document and all attachments were prepared under my direct 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 a fine and imprisonment of knowing violations.

Printed Name: _____

Title: _____

Email: _____

Signature: _____ Date: _____

Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier):

Preparer Name: _____

Organization: _____

Phone: _____ Email: _____

Instructions for Completing and Submitting the Thirty (30) Day Adverse Incident Written Report for the Pesticide General Permit (25PE) for Discharges from the Application of Pesticides

Who Must Submit a 30-day Adverse Incident Report?

All Operators who observe or are otherwise made aware of a reportable adverse incident pursuant to Part III.E.4 of the permit must submit an adverse incident report.

However, even for those identified adverse incidents for which the Operator is not required to report, the Department recommends that Operators consider using this form to document the incident and the rationale for why reporting of the adverse incident is not required. This information may be useful to support a rationale should this determination be questioned.

An adverse incident, as defined in the Appendix A of the permit, is an unusual or unexpected incident that an Operator has observed upon inspection or of which the Operator otherwise became aware, in which: (1) there is evidence that a person or non-target organism has likely been exposed to a pesticide residue, and (2) the person or non-target organism suffered a toxic or adverse effect. See Appendix A of the permit, for the complete definition of adverse incident.

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 required in Part III.E.4.b of the permit is also provided to all of the other authorized Operators within 30 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 the appropriate the Department within 30 days of the adverse incident pursuant to Part III.E.4.a.i of the permit.

Where to File the 30-day Adverse Incident Report

The Operator must immediately notify the Department, as identified at 410-537-3510, of the adverse incident within 24 hours. The Operator(s) must provide a written report of the adverse incident to the appropriate the Department at the address listed in Part II.H of the permit.

If an Operator becomes aware of an adverse incident affecting a desirable species (as defined in Appendix A) or designated critical habitats which may have resulted from a discharge from the Operator's pesticide application, the Operator must immediately notify the Maryland Department of Natural Resources.

Completing the 30-day Adverse Incident Report

To complete this form, type or print in uppercase letters in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the Department's Compliance Program.

Section A. Reportable Adverse

Incident The Operator is required to submit this Adverse Incident Report if the adverse incident is reportable. Check yes if the adverse incident is reportable. If an Adverse Incident Report is not required,

check no. No further action is needed on this form. Reporting of adverse incidents is not required under the 25PE in the following situations:

- An Operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application;
- An Operator has been notified by EPA or the Department, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents;
- An Operator receives information notifying the Operator of an adverse incident, but that information is clearly erroneous; or
- An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

Section B. Information from the 24-hour Adverse Incident Notification

1. Provide contact information for the person who called the Department to report the adverse incident. a. Enter the legal name of the caller. b. Enter the phone number of the caller.
2. Provide the Operator's contact information. a. Enter the legal name of the Operator. b. Enter the mailing address of the Operator.
3. If an NOI was filed as required in Part II.B of the permit, enter the NPDES Permit Tracking Number or Registration Number assigned by the Department. You can find the registration number assigned to you on your registration letter, or by searching on the Department's website search tool at "mes-mde.mde.state.md.us/WastewaterPermitPortal".
4. Provide information for a contact person, if different than the person who called the Department to report the adverse incident. a. Enter the legal name of the contact person. b. Enter the phone number of the contact person.
5. Provide a description of how and when the Operator became aware of the adverse incident.
6. Provide a description of the location of the adverse incident.
7. Provide a description of the adverse incident and the pesticide product used in the adverse incident. Include the EPA pesticide registration number for each product applied in the area of the adverse incident. Attach additional pages if necessary.
8. Provide a description of any steps the Operator has taken to correct, repair, remedy, clean up or otherwise address the adverse effects of the incident.
9. Identify any other Operators authorized for coverage under the permit for discharges from the pesticide application activities that resulted in the adverse incident. If other Operators are authorized under this permit, provide details of your notification of those other Operator(s).

Section C. Date and Time the Operator Notified the Department of the Adverse Incident

1. Enter the date that the Department was contacted to report the adverse incident.
2. Enter the time the Department was contacted to report the adverse incident.
3. Provide the legal name and title of the person contacted at the Department.
4. Provide a description of the instructions received by the Department.

Section D. Other Information Required in the Thirty (30) Day Adverse Incident Report

1. Enter the location of the adverse incident and include the names of any waters affected. Please include the appearance of those waters (sheen, color, clarity, etc.).
2. Provide a description of the circumstances of the adverse incident including species affected, estimated number of affected individuals and approximate size of dead or distressed organisms.
3. Provide a description of the magnitude and scope of the affected area. Include aquatic square area or total stream distance affected, if possible.

4. Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product and EPA pesticide registration number.
5. Provide a description of the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied).
6. Indicate which laboratory test(s) were performed and when, if laboratory tests were performed. The 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. Provide a description of the actions to be taken to prevent recurrence of adverse incidents.

Section E. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Part II.D of the permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipal, state, federal, or other public facility: by either a principal executive or ranking elected official.

If the report was prepared by someone other than the certifier (for example, if the report was prepared by a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the report preparer and the date that the report was prepared.