



Last modified 07/06/12

State of Delaware
 Department of Natural Resources and Environmental Control

ADVERSE INCIDENT FORM

Discharges from the Application of Pesticides to Waters of the State

OPERATORS SHALL FIRST NOTIFY THE DEPARTMENT IMMEDIATELY UPON OBSERVING AN ADVERSE INCIDENT BY CALLING DNREC'S 24-HOUR HOTLINE AT (800) 662-8802.

This form is for Operators required to submit a written report for any reportable Adverse Incident to the Delaware Department of Natural Resources and Environmental Control relative to the *Regulations Governing the Discharges from Aquatic Pesticides to Waters of the State*.

Reporting Adverse Incidents to the Department:

- 1) Contact the Department immediately by calling the 24-hour hotline at (800) 662-8802.
- 2) Complete this form and submit it to the Department **within five (5) calendar days** of a reportable Adverse Incident to: DNREC Surface Water Discharges Section, Attn. Aquatic Pesticides, 89 Kings Hwy., Dover, DE 19901. Each Adverse Incident must be reported separately.

“Adverse Incident” means an unusual or unexpected incident that an Operator has observed upon inspection or of which the Operator otherwise becomes 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, directly as a result of pesticide residue. The phrase “toxic or adverse effects” includes effects that occur within Waters of the State on non-target plants, fish or wildlife that are unusual or unexpected (e.g., effects are to organisms not otherwise described on the pesticide product label or otherwise not expected to be present), and may include: distressed or dead juvenile and small fishes; washed up or floating fish; fish swimming abnormally or erratically; fish lying lethargically at water surface or in shallow water; fish that are listless or nonresponsive to disturbance; stunting, wilting, or desiccation of non-target submerged or emergent aquatic plants; or other dead or visibly distressed non-target aquatic organisms (amphibians, turtles, invertebrates, etc.). The phrase, toxic or adverse effects, also includes any adverse effects to humans or domesticated animals that occur either from direct contact with or as a secondary effect from a discharge to Waters of the State that are temporally and spatially related to exposure to a pesticide residue (e.g., skin rashes, vomiting, lethargy, sickness from consumption of plants or animals containing pesticides).

Section 1: Operator Information

Mailing/ Billing Address	Operator Name			
	Address			
	City		State	Zip
Physical Address	<input type="checkbox"/> Same as above			
	Address			
	City		State	Zip

Section 2: Operator Contact Information

Prefix	First	Middle	Last	Suffix
Title			Telephone Number	
E-Mail Address				

Section 3: Adverse Incident Description. Please provide answers to all questions in the space provided.

a. Date of Adverse Incident (if unknown, please estimate). _____

b. Date DNREC was notified of Adverse Incident. _____

c. How and when did the Operator become aware of the Adverse Incident?

d. Did the Adverse Incident occur in a lake, river, estuary, or stormwater pond? _____

e. If a stormwater pond, was the pond discharging at the time of the Adverse Incident (y/n)? _____

f. Location of incident and name(s) of waters affected.

g. List all known species affected and how they were impacted.

h. Magnitude and scope of the affected area.

i. Description of the habitat and the circumstances under which the Adverse Incident occurred (include estimated timeframe of Adverse Incident after pesticide application in hours or days).

j. If laboratory tests conducted, indicate test results.

k. What steps will the Operator take in the future to prevent reoccurrence of Adverse Incidents?

l. Description of the steps the Operator has taken or will take to correct, repair, remedy, clean up or otherwise address any adverse effects.

Section 4: Chemicals Used Prior to or During Adverse Incident

Active ingredient/ % Active Ingredient (not specific product name)	Product name	EPA pesticide registration number	Pesticide use pattern (mosquito adulticide; mosquito larvicide; weed and algae control; animal pest control; or forest canopy control)	Application rate (gal/acre, lbs/acre)

Section 5: Operator Licensure

Delaware Department of Agriculture Pesticide Application License No.	License Exp. Date:
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Section 6: Operator Signature

"I certify under penalty of law this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel gathered and evaluated the information submitted. Based upon my inquiry of the person(s) directly responsible for gathering the information, the information is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for willful violations."

Signature	Date
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Signatory requirements:

- a. For a partnership or sole proprietorship: by a general partner or the proprietor
- b. For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.