

THIRTY (30) DAY ADVERSE INCIDENT WRITTEN REPORT

To: Florida Department of Environmental Protection
Bob Martinez Center/Industrial Wastewater Section
2600 Blair Stone Road, Mail Station 3545
Tallahassee, FL 32399-2400

Date _____

By: Certified Mail Receipt number _____
or email: _____ PGPadverseincidentreport@dep.state.fl.us

From: _____

Date/time State Watch Office was contacted _____

Office instructions (if any) _____

Location of Incident _____
Water body(s) affected _____
Appearance of waters _____

Description of Adverse Incident (including species affected, their size, number and condition)

Anticipated duration of continuance (if not already corrected) _____

Total area affected (e.g. aquatic acreage or stream distance) _____

Pesticide information: Application rate: _____ Intended site _____
Product name, AI, EPA Registration number: _____

Habitat description, including any available ambient water data: _____

Laboratory tests performed, if any _____
(summary of test results to be supplied to Department within five (5) days of availability)

Justification for claiming Adverse Incident was not caused by pesticide exposure (if applicable)

Planned preventative procedures: _____

