

**Pesticides General Permit (TXG870000)**  
**Adverse Incident Report**

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Within 24 hours of becoming aware of the potential adverse incident, verbally notify your nearest TCEQ regional office or the TCEQ 24-Hour Spill Reporting Line at 1-800-832-8224. Within 14 days of becoming aware of an adverse incident, submit a written report to your nearest TCEQ regional office. Information indicated by a star (\*) is required for both reports.

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Date and Time the 24-Hour Notification was reported to TCEQ:  Time:

\*Person making notification:

\*Phone Number (#####):

\*Permittee Name and Mailing Address:

\*TCEQ Authorization Number:

\*Contact Person:

\*Phone Number (#####):  (if different than person making notification)

\*Date and Time of the incident:  Time:

\*How did you become aware of the adverse incident?

\*Describe the location and magnitude of the adverse incident. (Include waterways, highways, etc.; lat/long and the area impacted, i.e., number of acres or miles of stream affected).

Provide a description of the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data).

\*Describe the adverse impact. (Include the impact or organisms killed or distressed and the appearance of the water, e.g., sheen, color, clarity, etc.)

List the target and non-target organism(s) that were affected.

\*List all pesticide products, including the EPA pesticide registration number, for each pesticide that was applied in the area of the adverse incident.

\*Describe all corrective actions that have been taken or will be taken, including dates and times.

Provide the pesticide application rate, application site (e.g., water's edge, above, or different to water), and method of application.

List any laboratory tests that were performed, including the dates when they were conducted. Provide a summary of the test results immediately upon availability.

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

Describe any additional corrective actions that have been or will be taken to prevent recurrence.

Name:

Title:

Signature:

Date: