

ATTACHMENT 2



ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Wastewater Discharge Program

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NONCOMPLIANCE NOTIFICATION

| | | | |
|--|----------------------------------|-------------------------------|-------------------|
| GENERAL INFORMATION | | PERMIT #: | |
| APPLICANT/COMPANY | | FACILITY NAME | FACILITY LOCATION |
| PERSON REPORTING | PHONE NUMBER OF PERSON REPORTING | REPORTED HOW? (e.g. by phone) | |
| DATE/TIME EVENT WAS NOTICED | DATE/TIME REPORTED | NAME OF DEC STAFF CONTACTED | |
| VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY | | | |
| INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary) | | | |
| ESTIMATED QUANTITY INVOLVED (volume or weight) | | | |
| CAUSE OF EVENT (be specific) | | | |
| PERMIT CONDITION DEVIATION (Identify each permit condition exceeded during the event). | | | |
| Parameter (e.g. BOD, pH) | Permit Limit | Exceedance (sample result) | Sample date |
| | | | |
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| CORRECTIVE ACTIONS Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence. | | | |
| ENVIRONMENTAL DAMAGE. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN (If yes, provide details below). | | | |
| ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (describe in detail) | | | |
| ACTIONS TAKEN TO REDUCE OR ELIMINATE ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH [(describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)]. | | | |
| COMMENTS | | | |
| Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete. | | | |
| NAME: _____ | | SIGNATURE: _____ | DATE: _____ |
| FORMS MUST BE SENT TO DEC WITHIN 7 DAYS OF THE EVENT. | | | |