

General Permit for Medium Farm Operations (MFO GP)

Appendix E: Incident Report

Submitting this report fulfills your obligation to provide written documentation to the Agency of Agriculture, Food and Markets when there is a discharge of wastes to waters of the State from your MFO facility. This incident report must be completed within five (5) days of the discharge.

Notice of Discharge

Written documentation of discharge is required in accordance with Subchapter V, Section B of the MFO GP. The permittee shall retain copies of all records relating to any discharge under this subsection of the MFO GP for a period of at least three (3) years from the date of this report. This period may be extended by request of the Agency of Agriculture, Food and Markets.

OWNER/OPERATOR INFORMATION

Owner/Operator Name: _____

Farm/Business Name: _____

Mailing Address: _____

Physical Address (if different from mailing): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

DISCHARGE INFORMATION

Date: _____ Estimated Start Time: _____ Duration: _____

Indicate when the Initial Notification was made to the Agency: _____

Type of discharge: manure/waste storage (list location): _____

manure/waste application (list tract and field ID): _____

production area (list structure): _____

spill (list location): _____

INCIDENT REPORT (include additional sheets as necessary)

Description of which permit condition was not met: _____

INCIDENT REPORT (continued)

Description of the cause of non-compliance: _____

Description of remedial actions taken (immediate): _____

Description of corrective actions taken (long-term): _____

Estimated volume of discharge: _____

Rainfall previous 24 hours before incident or discharge: _____

Rainfall previous week before incident or discharge: _____

Date: _____ Time: _____ (am) (pm) that verbal notification was made to the Agency

Agency employee contacted: _____

What is the estimated effect of this incident on your (the permittee's) ability to meet any remaining schedule dates? _____

OWNER/OPERATOR CERTIFICATION

I certify that the information contained in this Incident Report is, to the best of my knowledge and belief, true, accurate and complete, and I may be subject to the criminal sanctions of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this form.

Signature of Applicant: _____ Date: _____

A complete and accurate Incident Report must be submitted to:

Medium Farm Operations Program
Vermont Agency of Agriculture, Food and Markets
116 State Street
Montpelier, VT 05620-2901