



STATE OF VERMONT

**AGENCY OF AGRICULTURE, FOOD & MARKETS**  
Plant Industry & Laboratories Division  
Abigail Pajak (802)828-1397, Matt Kittredge (802)828-6908

Appendix C

**Incident Report (IR)**

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 General Permit. The permittee shall retain copies of all records relating to any discharge under this subsection of the MFO General Permit 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 (the Agency).

**OWNER/OPERATOR INFORMATION**

Owner name \_\_\_\_\_ Operator name \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State |\_\_|\_\_| Zip Code \_\_\_\_\_

MFO Permit Number  
\_\_\_\_\_

**DISCHARGE INFORMATION**

Date \_\_\_\_\_ Estimated Start Time \_\_\_\_\_ Duration \_\_\_\_\_

Indicate when the Initial Notification was made to the Agency \_\_\_\_\_

Type of discharge:  lagoon system  manure storage  silage leachate  feed storage  spill

**INCIDENT REPORT (include additional sheets as necessary)**

Description of which permit condition was not met \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_/\_\_\_/\_\_\_ and 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 under penalty of law that the information contained in this Incident Report and all attachments (if any) is, to the best of my knowledge and belief, true, accurate and complete.

**Signature of Applicant:**

**Date:**

**A complete and accurate IR must be submitted to:**  
Abigail Pajak  
The Vermont Agency of Agriculture, Food and Markets  
116 State Street, Drawer 20  
Montpelier, VT 05620-2901