

## General Permit for Medium Farm Operations (MFO GP)

### Appendix C: 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 (the Agency).

#### **OWNER/OPERATOR INFORMATION**

Owner name: \_\_\_\_\_ Farm/Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **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