



**Alaska Department of Environmental Conservation**  
 Division of Water, Compliance and Enforcement Program  
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**ACCIDENTAL DISCHARGE/SPILL NOTIFICATION**

GENERAL INFORMATION		PERMIT# (if any):	
Applicant Company:	Facility Name	Facility Location:	
Person Reporting:	Phone Numbers 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 (notification by email is acceptable)			
<b>INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)</b>			
Product Spilled (e.g. sewage, propylene, glycol, etc.)		Source of Spill	
Quantity Spilled (volume or weight)	Quantity Contained	Quantity Recovered	Quantity Disposed
Cause of Spill and Actions Taken To Correct The Cause (be specific)			
Cleanup Actions (describe in detail)			
Disposal Methods and Location (describe in detail)			
Environmental Damage: (if yes, provide details below)  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Surface Area Affected (square feet)	Surface Type (e.g. tundra, land covered with snow, etc.)	
Actual /Potential Impact on Environment/Public Health (describe in detail)			
COMMENTS			
Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.			
Name:		Signature:	Date:
<b>FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.</b>			