



Decision-makers who are required to submit an NOI and are defined as a *large entity* in Appendix A, or Decision-makers who are required to submit an NOI for discharges to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, must submit an annual report to EPA each calendar year for the duration of coverage under the PGP, whether or not the Decision-maker has discharges from the application of pesticides in any subsequent calendar year. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the PGP occurring during the previous calendar year. Decision-makers who are required to submit an NOI based on an annual treatment area threshold must include information for the calendar year, with the first annual report required to include activities for the portion of the calendar year after the point at which Decision-makers exceeded the annual treatment area threshold. If the Decision-maker first exceeds an annual treatment area threshold after December 1, an annual report is not required for that first partial year but an annual report is required thereafter, with the first annual report submitted also including information from the first partial year. When Decision-makers terminate permit coverage, as specified in Part 1.2.5, an annual report must be submitted for the portion of the year up through the date of termination. The annual report is due no later than February 15 of the next year.

**Electronic Submission Waiver**

I hereby acknowledge my waiver request from the use of EPA's electronic Notice of Intent system (eNOI) because my use of eNOI will incur undue burden or expense over my use of this paper Notice of Termination form.

Briefly describe the reason why use of the electronic system causes undue burden or expense: \_\_\_\_\_  
 \_\_\_\_\_

**A. General Information**

1. NPDES Permit Tracking Number:

2. Operator Name:

3. Operator Contact Information:

a. Street:

b. City:  c. State:  d. ZIP Code:  -

e. Telephone:  -  -  ext.  f. Fax:  -  -

4. Contact Information:

a. Contact Name:

b. Title:

c. E-mail:

**B. Adverse Incidents and Corrective Actions**

1. Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the PGP?

a.  No adverse incidents were observed or corrective action was taken. (Proceed to question 6)

b.  Yes, an adverse incident was observed and/or a corrective action was taken. (Complete questions 2-5 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for non-electronic submissions).

Pest Management Area # \_\_\_ of ## \_\_\_\_

2. Pest Management Area Name: \_\_\_\_\_

3. If applicable, enter any adverse incidents as a result of those treatment(s), as described in the PGP Part 6.4 (use additional pages, if needed):

a. Date of adverse incident observation:  /  /

4. Date and time the any instructions \_\_\_\_\_ Operator contacted EPA to notify the Agency of the adverse incident, who the Operator spoke with at EPA, and received from EPA.

a. Date:  /  /

b. Time: \_\_\_\_\_

c. Who the Operator spoke with at EPA \_\_\_\_\_

d. Instructions received from EPA \_\_\_\_\_

5. Date of submission of Thirty (30)-Day Adverse Incident Written Report:  /  /

6. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Pest Management Area(s) (use additional pages for each Pest Management Area)**

Pest Management Area # \_\_\_ of ## \_\_\_

1. Have any discharges from pest control activities occurred in this calendar year?

- a.  No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.
- b.  Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

- a.  Mosquito and Other Flying Insect Pest Control
- b.  Weed and Algae Pest Control
- c.  Animal Pest Control
- d.  Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

- a. Provide a description of the treatment area within this Pest Management Area, including location description: \_\_\_\_\_  
\_\_\_\_\_
- b. Size of treatment area (in acres or linear feet): \_\_\_\_\_ acres or \_\_\_\_\_ linear feet.
- c. Name or location of any Waters of the United States to which discharges occurred: \_\_\_\_\_  
\_\_\_\_\_
- d. Target Pest(s) \_\_\_\_\_
- e. Identify pesticide application activities that resulted in a point source discharge to Waters of the United States containing NMFS Listed Resources of Concern:  
 Yes  No

4. Operator name(s) and contact information for pesticide application(s) (or check here if same as provided in Section A):

Operator Name: [Grid]

Street: [Grid]

City: [Grid] State: [Grid] Zip Code: [Grid] - [Grid]

Contact Name: [Grid] Title: [Grid]

Phone: [Grid] Ext [Grid]

E-mail: [Grid]

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:  Yes  No  Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.  
Circle if quantity indicated is in lbs or gallons:

Product Name [Grid]	Quantity Applied (lbs or gallons of product):	Product Name [Grid]	Quantity Applied (lbs or gallons of product):
Application method:		Application method:	
a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons		a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons	
b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons		b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons	
c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons		c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons	
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons		d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons	
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons		e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons	
f. <input type="checkbox"/> Chemigation _____ lbs or gallons		f. <input type="checkbox"/> Chemigation _____ lbs or gallons	
g. <input type="checkbox"/> Other (specify): _____ _____ lbs or gallons		g. <input type="checkbox"/> Other (specify): _____ _____ lbs or gallons	

Product Name _____ <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100px; height: 15px;"></div> </div> Quantity Applied (lbs or gallons of product): _____ Application method: a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons c. <input type="checkbox"/> Land based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons f. <input type="checkbox"/> Chemigation _____ lbs or gallons g. <input type="checkbox"/> Other (specify): _____ lbs or gallons	Product Name _____ <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 100px; height: 15px;"></div> </div> Quantity Applied (lbs or gallons of product): _____ Application method: a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons c. <input type="checkbox"/> Land based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications) _____ lbs or gallons f. <input type="checkbox"/> Chemigation _____ lbs or gallons g. <input type="checkbox"/> Other (specify): _____ lbs or gallons
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**D. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature/Responsible Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)**

Preparer Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Ext \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail: \_\_\_\_\_

## Instructions for Completing the Annual Report Form for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

### Who Must File an Annual Report with EPA?

Any owner/operator who is also a decision-maker, as described in the PGP Part 1.2.2 and is required to submit a Notice of Intent (NOI) and that is also a large entity as identified in the PGP Part A, must submit an annual report to EPA each calendar year. An annual report must be filed whether or not you have discharges from the application of pesticides in accordance with the PGP section 7.6.

### When to File an Annual Report

The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under this permit occurring during the previous calendar year. The annual report must include information for the calendar year, with the first annual report required to include activities for the portion of the calendar year after the point at which you exceeded the annual treatment area threshold. If you first exceed an annual treatment area threshold after December 1, you are not required to submit an annual report for that first partial year but must submit annual reports thereafter, with the first annual report submitted also including information from the first partial year. When you terminate permit coverage, as specified in the PGP Part 1.2.5, you must submit an annual report for the portion of the year up through the date of your termination.

When decision-makers terminate permit coverage, as specified in Part 1.2.5, an annual report must be submitted for the portion of the year up through the date of termination. The annual report is due no later than February 15 of the following year.

### Where to File the Annual Report

The owner/operator must prepare and submit the Annual Report using EPA's electronic Notice of Intent (eNOI) system available on EPA's website ([www.epa.gov/npdes/pesticides/eNOI](http://www.epa.gov/npdes/pesticides/eNOI)) unless eNOI is otherwise unavailable or the owner/operator has obtained a waiver from the requirement to use eNOI for submitting the Annual Report. The Electronic Submission Waiver is at the top of this form. Owner/operators waived from the requirement to use eNOI for Annual Report submission must certify to EPA on this form that use of eNOI will incur undue burden or expense over the use of the paper Annual Report form and then provide a basis for that determination.

If you do receive a waiver from using eNOI, you must send the Annual Report to one of the addresses listed below.

#### Via United States Mail:

United States Environmental Protection Agency  
Office of Water, Water Permits Division  
Mail Code 4203M, ATTN: NPDES Pesticides  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

#### Via overnight/express delivery:

United States Environmental Protection Agency  
Office of Water, Water Permits Division  
EPA East Building - Room 7420, ATTN: NPDES Pesticides  
1201 Constitution Avenue, NW  
Washington, DC 20004  
Phone: 202-564-9545

If you have questions, please contact EPA's Pesticides Notice Processing Center toll free at (866) 352-7755.

If you file a paper Annual Report, please submit the original with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.

### Completing the Annual Report Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above. You may also use this paper form as a checklist for the information you will need when filing an Annual Report electronically via EPA's Pesticides eNOI system.

#### Section A. General Information

1. Enter your permit tracking number.
2. Provide the legal name of the person, firm, public organization or any other public entity that operates or who is the decision-maker for the pesticides

applications described in this application. An operator is the decision-maker who has control over the decision to perform pesticide applications including the ability to modify those decisions that result in a discharge to Waters of the United States.

3. Enter the address, telephone number, and fax number of the operator.
4. Provide the full legal name, title and e-mail address of a contact person for the Annual Report.

#### Section B. Adverse Incidents and Corrective Actions

1. Identify if an adverse incidents were observed and corrective actions were taken for any Pest Management Area for which you have coverage under the PGP.

1a. Check if no adverse incidents were observed and no corrective actions were taken for any Pest Management Area for which you have coverage under the PGP.

1b. Check if an adverse incidents were observed and/or a corrective actions were taken for any Pest Management Area for which you have coverage under the PGP.

For each Pest Management Area for which an adverse incident was observed or corrective action was taken, complete questions 2-5.

2. Enter any adverse incidents (incidents) resulting from the treatments, as described in the PGP Part 6.4.

2a. Enter the date of the adverse incident.

3. Enter the date and time the Operator contacted EPA to notify the Agency of the adverse incident, pursuant to Part 6.4.1.1 of the PGP.

3a. Indicate the date of the contact

3b. Indicate the time of the contact

3c. Indicate who the Operator spoke with at EPA

3d. Indicate any instructions received from EPA

4. Enter the date that the Thirty (30)-Day Adverse Incident Written Report was submitted, pursuant to Part 6.4.2 of the PGP.

5. Provide a description of any corrective action(s) resulting from pesticide application activities and the rationale for the action(s), performed subsequently to or in addition to any actions described in the Thirty (30)-Day Adverse Incident Written Report.

#### Section C. Pest Management Area(s)

Section C should be completed for each pest management area. Indicate which pest management area out of the total number of pest management areas for which the section is being completed (i.e., pest management area 1 of 10 total pest management areas).

1. Identify if you had a discharge from pest control activities this calendar year.

1a. Check here if you had no discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year.

1b. Check here if you had discharge from pest control activities this calendar year.

2. Select the box for the type of pesticide use pattern for the pest management area. Options are: Mosquitoes and Other Flying Insect Pests, Weed and Algae, Animal Pest Control, and Forest Canopy Pests.

3. Provide a description of the treatment area (use additional pages for each treatment area).

3a. Provide a description of the treatment area, including a description of the location.

3b. Provide the size of the treatment area in acres or linear feet.

3c. Provide the name or location of any Waters of the United States to which discharges occur.

3d. Provide a description of the target pest(s).

4. Provide the company name(s), mailing address, a contact person, contact person's title, telephone number and e-mail address for the pesticide applicator(s). If the information is the same as Section A, check the appropriate box and proceed to the next question.

5. Indicate if the pest control activity was addressed in your PDMP before pesticide application.
6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle whether the quantity applied is in pounds or gallons.

#### **Section D. Certification**

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the PGP. (CAUTION: An unsigned or undated form will prevent the granting of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

*For a partnership or sole proprietorship:* by a general partner or the proprietor; or

*For a municipal, state, Federal, or other public facility:* by either a principal executive or ranking elected official.

If the Annual Report was prepared by someone other than the certifier (for example, if the Annual Report was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the Annual Report preparer.

#### **Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 8 hours or 4800 minutes per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed Annual Reporting Form to this address.