

# Appendix D

## Forms

a. Notice of Intent (NOI) Form



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
NOTICE OF INTENT (NOI) OF COVERAGE UNDER THE PESTICIDE  
GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION  
OF PESTICIDES**

Form Approved  
OMB No.  
**2040-0284**

Submission of this completed Notice of Intent (NOI) constitutes notice that the Operator identified in Section B intends to be authorized to discharge pollutants to Waters of the United States within the pest management area identified in Section C under EPA's Pesticide General Permit. Submission of this NOI constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part 1 of the permit; agrees to comply with all applicable terms and conditions of the permit; and understands that continued authorization under the permit is contingent on maintaining eligibility for coverage. To be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement for large entities to prepare a Pesticide Discharge Management Plan (PDMP) prior to NOI submittal. Refer to the instructions at the end of this form to complete your NOI.

**Electronic Submission Waiver (skip if submitting through EPA's eNOI system)**

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 NOI form.

Briefly describe the reason why use of the electronic system causes undue burden or expense.

**A. Notice of Intent Status**

1. Mark whether this is the first time you are requesting coverage under the Pesticide General Permit or if this is a change of information for a discharge already covered under the Pesticide General Permit. If this is a change of information, supply the NPDES permit tracking number for the discharge.

a.  Original NOI Submission

b.  NOI Change of Information:  (NPDES Permit Tracking Number)

Please note: When selecting A.1.b please fill out Section B (Operator Name and Mailing Address) and the fields of the NOI that need to be modified.

**B. Operator Information**

1. Operator Name:

2. IRS Employer Identification Number (EIN):  -

3. Operator Type (check one):

a.  Federal government

b.  State government

c.  Local government

d.  Mosquito control district (or similar)

e.  Irrigation control district (or similar)

f.  Weed control district (or similar)

g.  Other: If other, provide brief description of type of operator:

4. Are you a large entity as defined in Appendix A of the permit? (check one):

Yes  No

Please note: If you answer "Yes" to question 4 you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit an Annual Report reflecting all pesticide uses for which you are requesting permit coverage under this NOI.

5. In which state are your pest management areas located? Please specify only one state per NOI:

6. Mailing Address:

a. Street:

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

e. Telephone:  -  -  Ext  f. Fax:  -  -

g. Contact Name:

h. E-mail:



**D. Endangered Species Protection: Complete Section D for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired. Copy this section for non-electronic submissions.**

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

1. Identify the criterion for which you are eligible for permit coverage as it applies to Federally Listed Threatened or Endangered Species (i.e., Species) and/or Federally Designated Critical Habitat (i.e., Habitat) (check one):

- a.  Pesticide application activities will not result in a point source discharge to one or more Waters of the United States containing National Marine Fisheries Service (NMFS) Listed Resources of Concern, as defined in Appendix A, of the PGP.
- b.  Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but consultation with NMFS under Section 7 of the Endangered Species Act (ESA) has been concluded for pesticide application activities covered under the PGP. Consultations can be either formal or informal, and would have occurred only as a result of a separate federal action. The consultation addressed the effects of pesticide discharges and discharge-related activities on federally-listed threatened or endangered species and federally-designated critical habitat, and must have resulted in either:
  - i. A biological opinion from NMFS finding no jeopardy to federally-listed species and no destruction/adverse modification of federally-designated critical habitat; or
  - ii. Written concurrence from NMFS with a finding that the pesticide discharges and discharge-related activities are not likely to adversely affect federally-listed species or federally-designated critical habitat.
- c.  Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but all "take" of these resources associated with such pesticide application activities has been authorized through NMFS' issuance of a permit under section 10 of the ESA, and such authorization addresses the effects of the pesticide discharges and discharge-related activities on federally-listed species and federally-designated critical habitat. (The term "take" means to harass, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct. See Section 3 of the Endangered Species Act, 16 U.S.C. § 1532 (19).)
- d.  Pesticide application activities were, or will be, discharged to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but only in response to a Declared Pest Emergency Situation.
- e.  Pesticide application activities for which permit coverage is being requested in the NOI will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP. Eligible discharges include those where the Decision-maker includes in the NOI written correspondence from NMFS that pesticide application activities performed consistent with appropriate measures will avoid or eliminate the likelihood of adverse effects to NMFS Listed Resources of Concern.
- f.  Pesticide application activities for which permit coverage is being requested in the NOI will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP. Eligible discharges include those from pesticide application activities that are demonstrated by the Decision-maker as not likely to adversely affect NMFA Listed Resources of Concern or that the pest poses a greater threat to the NMFS Listed Resources of Concern than does the discharge of the pesticide.

2. If you checked criterion d or criterion f above, provide the following information for all discharges to Waters of the United States containing NMFS Listed Resources of Concern identified within the pest management area for which permit coverage is being requested. For discharges pursuant to criterion d, Declared Pest Emergency Situations, information for items a through g should also include any discharges that have already occurred prior to NOI submission as well as the activities you performed in the 15 day period before submission of this NOI was required. In some cases, implementation of pest management measures as specified in the permit involves a degree of "adaptive management" such that exact timing and quantities of applications cannot be determined in advance for the duration of the permit. In such cases, the permittee must provide the required information to the extent feasible and consistent with the implementation of the selected pest management measures.

- a. Describe the location of the pest management area in detail or provide a map of the location:  
\_\_\_\_\_
- b. Pest(s) to be controlled:  
\_\_\_\_\_  
\_\_\_\_\_
- c. Pesticide product(s) to be discharged and method of application: \_\_\_\_\_
- d. Planned quantity and rate of discharge(s) for each method of application: \_\_\_\_\_
- e. Number of planned discharges: \_\_\_\_\_
- f. Approximate date(s) of planned discharge(s): \_\_\_\_\_
- g. Your rationale supporting your determination that you meet the criterion for which you are submitting this NOI, including appropriate measures to be undertaken to avoid or eliminate the likelihood of adverse effects. For certifications pursuant to Criterion D, indicate whether the discharge is likely to adversely affect NMFS Listed Resources of Concern and, if so, any feasible measures to avoid or eliminate such adverse effects (attach additional pages as necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. 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 gather and evaluate 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: [ ] / [ ] / [ ]

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

Preparer Name: [ | | | | | | | | | | | | | | | | | | | | | | | | ]

Organization: [ | | | | | | | | | | | | | | | | | | | | | | | | ]

Phone: [ ] - [ ] - [ ] Ext [ ]

Date: [ ] / [ ] / [ ]

E-Mail: [ | | | | | | | | | | | | | | | | | | | | | | ]

**Instructions for Completing the Notice of Intent (NOI) for Coverage Under the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides**

**Who Must File a NOI with EPA?**

Any Operator, as described in the Part 1.2.2 of the permit and meeting the eligibility requirements identified in Part 1.1 of the permit and Table 1 below must submit a complete and accurate NOI. As required in the permit, only certain Operators that are also Decision-makers must submit NOIs.

**Table 1. Decision-Makers Required to Submit NOIs**

PGP Part/ Pesticide Use	Which Decision-Makers Must Submit NOIs?	For Which Pesticide Application Activities?
All four use patterns identified in Part 1.1.1	Any Decision-maker with an eligible discharge to a Tier 3 water (Outstanding National Resource Water) consistent with Part 1.1.2.2	Activities resulting in a discharge to a Tier 3 water
All four use patterns identified in Part 1.1.1	Any Decision-maker with an eligible discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A	Activities resulting in a discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A
1.1.1(a) - Mosquito and Other Flying Insect Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Mosquito control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Adulticide treatment if more than 6,400 acres during a calendar year
1.1.1(b) - Weed and Algae Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Irrigation and weed control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
1.1.1(c) - Animal Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
1.1.1(d) - Forest Canopy Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment if more than 6,400 acres during a calendar year

If you have questions about whether you need to file an NOI or questions about completing the form, see [www.epa.gov/npdes/pesticides](http://www.epa.gov/npdes/pesticides) or contact the NOI Center toll free at 866-352-7755.

One NOI can be submitted for multiple pest management areas in a state for which you are seeking permit coverage; however, no more than one state can be included on any single NOI form.

**When to File the NOI Form?**

Do not file your NOI until you have obtained and thoroughly read a copy of the permit. A copy of the permit is on EPA's website ([www.epa.gov/npdes/pesticides](http://www.epa.gov/npdes/pesticides)). The permit describes procedures to ensure your eligibility, prepare your Pesticide Discharge Management Plan (PDMP), and complete the NOI form questions—all of which must be done before you sign the NOI certification statement attesting to the accuracy and completeness of your NOI. You will also need a copy of the permit once you have obtained coverage so that you can comply with the implementation requirements of the permit. Note: PDMP is not required for 1) any application made in response to a Declared Pest Emergency Situation, as defined in Appendix A of the permit; and 2) any Decision-maker that is required to submit an NOI solely because their application results in a point source discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the permit.

**All eligible discharges are authorized for permit coverage through January 12, 2012 without submission of an NOI. For any discharges after January 12, 2012,** Decision-makers meeting the eligibility requirements identified in the Part 1.1 of the permit and Table 1 must submit a complete and accurate NOI according to Tables 2, and 3 and consistent with the requirements of the Part 1.2 of the permit. For example, for discharges occurring on or before January 12, 2012 but continuing after January 12, 2012, NOIs are due no later than January 3, 2012 to ensure uninterrupted coverage.

**Table 2. NOI Submittal Deadlines and Discharge Authorization Dates for Discharges from the Application of Pesticides<sup>1</sup>**

Operator Type	NOI Submission Deadline	Discharge Authorization Date <sup>2</sup>
<i>After January 12, 2012, any eligible discharge for which an NOI is required must submit an NOI consistent with the earliest due date identified below. If EPA receives an NOI on or before January 2, 2012 (or on or before December 12, 2011, for discharges to Waters of the United States containing NMFS Listed Resources of Concern), uninterrupted coverage continues.<sup>2</sup> NOI due dates for any discharges occurring on or after January 12, 2012 are as follows:</i>		
Any Decision-maker with any discharge to Waters of the United States containing NMFS Listed Resources of Concern, except for those discharges in response to a Declared Pest Emergency Situation, as defined in Appendix A.	At least 30 days before any discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A. <sup>5</sup>	No earlier than 30 days after EPA posts on the Internet a receipt of a complete and accurate NOI. <sup>3, 5</sup>
Any Decision-maker with a discharge in response to a Declared Pest Emergency for which that activity triggers the NOI requirement identified in Part 1.2.2, except for any discharges to Waters of the United States containing NMFS Listed Resources of Concern.	At least 30 days after beginning discharge.	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation.
Any Decision-maker with any discharge to Waters of the United States containing NMFS Listed Resources of Concern, in response to a Declared Pest Emergency Situation, as defined in Appendix A.	Within 15 days after beginning to discharge in response to a Declared Pest Emergency Situation.	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation for a period of at least 60 days. <sup>4</sup>
Any Decision-maker that exceeds any annual treatment area threshold.	At least 10 days before exceeding an annual treatment area threshold.	No earlier than 10 days after EPA posts on the Internet receipt of a complete and accurate NOI.
Any Decision-maker otherwise required to submit an NOI as identified in Table 1	At least 10 days before any discharge for which an NOI is required	No earlier than 10 days after EPA posts on the Internet receipt of a complete and accurate NOI.

- 1 State, territory and tribal specific requirements in addition to the requirements in this table are provided in Part 9.0.
- 2 On the basis of a review of an NOI or other information, EPA may delay authorization to discharge beyond any timeframe identified in Table 2, determine that additional technology-based and/or water quality-based effluent limitations or other conditions are necessary, or deny coverage under this permit and require submission of an application for an individual NPDES permit, as detailed in Part 1.3 of the permit.
- 3 Within 30 days after EPA posts on the Internet receipt of a complete and accurate NOI, for those areas with NMFS Listed Resources of Concern, as defined in Appendix A of the permit, NMFS will provide EPA with a determination as to whether it believes the eligibility criterion of "not likely to adversely affect listed species or designated critical habitat" has been met, could be met with conditions that NMFS identifies, or has not been met. EPA expects to rely on NMFS' determination in deciding whether to withhold authorization. If NMFS does not provide EPA with this information within 30 days of EPA posting on the Internet receipt of a complete and accurate NOI, the discharges will be authorized 30 days after EPA posts on the Internet receipt of a complete NOI.
- 4 In any Declared Pest Emergency Situation in areas with Waters of the United States containing NMFS Listed Resources of Concern, NMFS will have 30 days after submission of an NOI to provide EPA with a determination as to whether the eligibility criteria of "not likely to adversely affect listed species or designated critical habitat" has been met, could be met with conditions that NMFS identifies, or has not been met. EPA expects to rely on NMFS' determination in deciding whether to allow continued permit coverage and if additional conditions are necessary. If NMFS does not provide EPA with a recommendation within 30 days of EPA posting on the Internet receipt of a complete and accurate NOI, authorization for these discharges will continue. If EPA identifies additional permit conditions, or includes additional permit conditions recommended by NMFS, as necessary to qualify discharges as eligible for coverage beyond 60 days under the PGP, those conditions remain in effect for the life of the permit.
- 5 EPA may authorize certain discharges in less than 30 days, but no fewer than 10 days, for any discharges authorized under Criterion B, C, or E of Part 1.1.2.4 (for which NMFS has already evaluated the effects of these discharges).

Operator Type	NOI Submission Deadline	Discharge Authorization Date
Any Decision-maker with any discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, not identified on a previously submitted NOI for this permit. This includes changes in any treatment area, pesticide product, method or rate of application, or approximate dates of applications.	At least 30 days before beginning to discharge in that newly identified treatment area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 15 days after beginning discharge.	No earlier than 30 days after EPA posts on the Internet receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.

**Where to File the NOI Form**

The Decision-maker must prepare and submit the NOI using EPA's electronic Notice of Intent system (eNOI) 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 Decision-maker has filed a waiver from the requirement to use eNOI for submission of the NOI. The Electronic Submission Waiver is at the top of this form. Decision-makers waived from the requirement to use eNOI for NOI submission must certify to EPA on this form that use of eNOI will incur undue burden or expense over the use of the paper NOI form and then provide a basis for that determination.

EPA will immediately post on the pesticides eNOI Website all NOIs received. Late NOIs will be accepted, but authorization to discharge will not be retroactive.

If you file a waiver from using eNOI; you must send the NOI 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, contact EPA's Pesticides Notice Processing Center toll free at 866-352-7755.

- If you file a paper NOI, submit the original with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.
- If you are required to develop a PDMP, that document does not need to be submitted for review unless specifically requested by EPA. You must keep a copy of your PDMP on-site or otherwise make it available to facility personnel responsible for implementing provisions of the permit.

**Completing the NOI Form**

To complete this form, type or print in uppercase letters in the appropriate areas only. Please 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 NOI electronically via EPA's Pesticides eNOI System.

**Section A. NOI Status**

1. Indicate if this is the first time you are requesting coverage under the permit or if this is a change of information.
  - a. Check this box if this is the first time you are requesting coverage under the permit for these discharges. If this is the first time you are requesting coverage, refer to Table 2 for NOI submittal deadlines and discharge authorization dates. Note: All eligible discharges are authorized for permit coverage through January 12, 2012 without submission of an NOI.

**Table 3. NOI Change of Information Submittal Deadlines and Discharge Authorization Dates**

Operator Type	NOI Submission Deadline	Discharge Authorization Date
Any Decision-maker requiring permit coverage for a pest management area not identified on a previously submitted NOI for this permit, except for discharges to any: (1) Tier 3 water, or (2) Waters of the United States containing NMFS Listed Resources of Concern. Except for such waters, changes other than identification of a new pest management area or a new pesticide use pattern do not require a revised NOI submittal.	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.
Any Decision-maker discharging to a Tier3 water not identified by name on a previously submitted NOI for this permit, except for Tier 3 waters containing NMFS Listed Resources of Concern	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.



- b. Check this box if this is a change of information for a discharge already covered under the permit. If this is a change of information, supply the NPDES permit tracking number that you received in your confirmation letter or e-mail from EPA's Pesticide Notice Processing Center. You can find the tracking number assigned to your previous NOI using EPA's eNOI System ([www.epa.gov/npdes/pesticides/enoi](http://www.epa.gov/npdes/pesticides/enoi)). For additional details regarding a change of information, see Table 3. Also fill out Section B of this form (Operator Name and Mailing Address) and the associated fields of information that need to be modified on the NOI.

**Section B. Operator Information**

1. Provide the legal name of the person, firm, public organization or any other public entity that is the Decision-maker for the pesticides applications described in this notice. A Decision-maker is an Operator 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.
2. Provide the Employer Identification Number (EIN from the Internal Revenue Service (IRS)), commonly referred to as your tax payer ID number. If the operator does not have an EIN, enter "N/A" in the space provided.
3. Indicate the type of Operator: federal government, state government, local government, mosquito control district (or similar), irrigation control district (or similar), weed control district (or similar), or other. If other, provide brief description of type of Operator in the space provided.
4. Indicate whether or not you are a "large entity" as defined in Appendix A of the permit. Note that if you are a large entity, you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit future Annual Reports reflecting all pesticide uses for which you are requesting permit coverage under this NOI.
5. Indicate which state your pest management areas are located. Specify only one state per NOI. If there is more than one state, additional NOIs must be submitted.
6. Provide the Decision-maker's mailing address, telephone number, fax number (optional), name, and e-mail address. Correspondence will be sent to this address.

**Section C. Pest Management Area: Information for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired.**

1. Indicate whether you are submitting an NOI for multiple pest management areas. A pest management area is the area of land, including any water, for which you have responsibility and are authorized to conduct pest management activities as covered by this permit (e.g., if you are a mosquito control district, your pest management area is the total area of the district). You must complete a Section C for each pest management area. If you are submitting an NOI for only one area, enter "1" of "1." If you are submitting NOIs for multiple pest management areas, enter the number for the NOI for which you are requesting coverage followed by the total number of pest management areas for which you are requesting coverage. Enter the name of the pest management area. Attach a map of the pest management area or describe the location of the pest management area in the space provided.
2. Indicate whether pesticide application will occur on Indian County Lands, and if so, provide the name of the reservation, if applicable.
3. Indicate whether pesticide application will occur on a Federal Facility, as defined in Appendix A of the permit.
4. Enter the mailing address of the contact person for the pest management area. If this address is the same as the Decision-maker's mailing address, indicate that by checking the box. If it is a different address, enter the mailing address, telephone number, fax number (optional), contact name, and e-mail address.
5. Indicate the pesticide use patterns for the pest management area for which the NOI is required. For additional information regarding pesticide use patterns, see Part 1.1.1 of the permit. Check all the use patterns that apply to the pest management area.
6. Indicate if permit coverage is being requested for all Waters of the United States within the pest management area or if permit coverage is being requested to specific Waters of the United States within the pest management area. If specific waters are being requested, write the names of the waterbodies. If permit coverage is being requested for all waters of the United States within the pest management area except for specific waterbodies, name those specific waterbodies in the space provided. EPA's Water Locator Tool can help you identify the closest receiving water to your facility (<http://cfpub.epa.gov/npdes/stormwater/tmdltool.cfm>).
7. Indicate if permit coverage is being requested to discharge to a Tier 3 (Outstanding National Resource Water) Water of the United States. If yes, write the name(s) of the Tier 3 water(s) in the space provided. Describe and demonstrate why it is necessary to apply the pesticide discharge to protect the water quality, environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis.

8. Verify that waters within the pest management area are either not impaired by substances which are either active ingredients in the pesticide planned for use or degradates of such active ingredients, OR that evidence shows that the target waters in question are no longer impaired. See Part 1.1.2.1 of the permit for more information on discharges to Water Quality Impaired Waters.

**Section D. Endangered Species Protection. Complete Section D for each Pest Management Area for which coverage under EPA's PGP is desired.**

Identify the Pest Management Areas, corresponding to those in Part C.

1. Coverage under the permit is available only for discharges and discharge-related activities, as defined in Appendix A of the permit, that are not likely to jeopardize the continued existence of any species that are federally- listed as endangered or threatened ("listed") under the Endangered Species Act (ESA) and not likely to result in the adverse modification or destruction of habitat that is federally-designated as critical under the ESA ("critical habitat") except as provided in criterion b, c, and for at least 60 days, d, below. For a subset of listed species and critical habitat, identified as NMFS Listed Resources of Concern and defined in Appendix A, there are specific criteria for determining eligibility. To demonstrate eligibility, you must meet one or more of the six criteria (a-f) for the entire term of coverage under the permit.
2. If you checked criterion d or criterion f, you are required to provide a description of the location of the pest management area or a map of the location, the pest(s) to be controlled, pesticide product(s) to be discharged and method of application, planned quantity and rate of discharge(s) for each application method, number of planned discharges, approximate date(s) of planned discharge(s), and the rationale supporting your determination that you meet the criterion for which the Decision-maker is submitting this NOI and documentation demonstrating the finding of "not likely to adversely affect." If you certify under criteria f and do not hear from EPA within 30 days, you may assume your discharge is authorized. For certifications pursuant to Criterion d, indicate whether the discharge is likely to adversely affect NMFS Listed Resources of Concern and, if so, any feasible measures to avoid or eliminate such adverse effects. If you are certifying under criterion d (which allows you to discharge 15 days before you even submit your NOI), your NOI should describe both the pest emergency activities you plan to do after you submit your NOI as well as the activities you performed in that 15 day period before you had to submit the NOI. See Part 1.1.2.4 of the permit for more information regarding Endangered and Threatened Species and Critical Habitat Protection. If you certify under criterion d and do not hear from EPA, you may assume that permit authorization continues unless notified otherwise. EPA may authorize certain discharges in less than 30 days, but no fewer than 10 days, for any discharges authorized under criterion b, c, or e (for which NMFS has already evaluated the effects of these discharges). If you certify under one of these criteria and do not hear from EPA within 30 days, you may assume your discharge is authorized.

**Section E. 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 permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. 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 that govern the operation of the regulated activity 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 NOI was prepared by someone other than the certifier (for example, if the NOI 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 NOI preparer.

**Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.5 hours or 150 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 NOI form to that address.

b. Notice of Termination (NOT) Form



**Electronic Submission Waiver (skip if using eNOI)**

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. Permit Information**

1. NPDES Permit Tracking Number:

2. Reason for termination (check one only):

- a. You have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
- b. You have obtained permit coverage under an NPDES individual permit or alternative NPDES general permit for all pesticide discharges requiring NPDES permit coverage.
- c. A new Operator has taken over decision-making responsibility for the pest control activities covered under an existing NOI. Provide the transfer date and the new Operator information. Date of transfer:  /  /

New Operator Name:

Street:

City:  State:  ZIP Code:  -

Telephone:  -  -  ext

E-mail:

**B. Operator Information**

1. Operator Name:

2. IRS Employer Identification Number (EIN):  -

3. Mailing Address:

Street:

City:  State:  ZIP Code:  -

Telephone:  -  -  ext

4. Contact Name:

E-mail:

**C. Certification**

I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section A above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the United States. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate 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 or imprisonment. Additionally, I understand that the submittal of this Notice of Termination does not release a pesticide Operator from liability for any violations of the Clean Water Act.

Printed Name:

Title:

E-Mail:

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

**NOT Preparer (Complete if NOT was prepared by someone other than the certifier)**

Preparer Name:

Organization:

Phone:  -  -  Ext  Date:

E-Mail:

**INSTRUCTIONS FOR COMPLETING THE NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER THE PESTICIDE GENERAL PERMIT (PGP) FOR  
DISCHARGES FROM THE APPLICATION OF PESTICIDES**

**Who Must File an NOT Form with EPA?**

Any Operator required to submit a Notice of Intent (NOI) is required to submit a Notice of Termination (NOT) to end coverage under this permit. However, if EPA notifies the Operator to apply for an NPDES individual permit or alternative general permit, coverage under this permit terminates automatically. Dischargers automatically covered under this permit as identified in Part 1.2.3 of the permit are likewise automatically terminated upon permanent cessation of discharge consistent with any of the criteria identified in Part 1.2.5.3 of the permit. As required in the permit, only certain Operators that are also Decision-makers must submit NOIs.

If you have questions about whether you need to file an NOT or questions about completing the form, see [www.epa.gov/npdes/pesticides](http://www.epa.gov/npdes/pesticides) or contact the NOI Center toll free at 866-352-7755.

**When to File the NOT Form?**

Operators must file the NOT form within 30 days after one or more of the conditions in Part 1.2.5.2 of the permit have been met.

**Where to File the NOT Form?**

Consistent with Part 1.2.5.1 of the permit, the Operator must submit the NOT 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 Operator files a waiver from the requirement to use eNOI for submission of the NOT. The Electronic Submission Waiver is at the top of this NOT form. An Operator waived from the requirement to use eNOI for any NOT submission must certify to EPA on this form that use of eNOI will incur undue burden or expense over the use of the paper NOT form and then provide a basis for that determination.

Filing electronically is the fastest way to terminate permit coverage and help ensure that your NOT is complete.

If you do file a waiver from using eNOI; you must send the NOT 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 file a paper NOT, submit the original form with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.

**Completing the NOI 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 can also use this paper form as a checklist for the information you will need when filing an NOT electronically via EPA's Pesticides eNOI system.

**Section A. Permit Information**

1. Enter the existing NPDES Permit Tracking Number assigned by eNOI or the EPA's Pesticides Processing Center. You can find the tracking number assigned to your previous NOI using EPA's eNOI System ([www.epa.gov/npdes/pesticides/enoi](http://www.epa.gov/npdes/pesticides/enoi)).
2. Select the appropriate box to indicate why you are submitting an NOT to end permit coverage. Select one of the three termination options:
  - a. Select this box if you have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
  - b. Select this box if you have obtained NPDES individual permit coverage or alternative NPDES permit coverage.

- c. Select this box if a new Operator has taken over decision-making responsibility of pest control activities covered under an existing NOI and you are no longer the Operator. Provide the date of transfer and the name and contact information of the new Operator.

**Section B. Operator Information**

1. Provide the full legal name of the person, firm, public organization, or other entity that is the Operator who is the Decision-maker for the pesticide application described in this application.
2. Provide the Operator's IRS Employer Identification Number.
3. Provide the Operator's mailing address and telephone number. Correspondence will be sent to this address.
4. Provide a contact person's full legal name and e-mail address. This person will be contacted regarding any NOT communication.

**Section C. Certification**

Carefully read the certification statement. By completing and submitting the NOT, the Operator certifies that every applicable general permit requirement will be met. Provide the printed full legal name, title and email address of the certifier. Sign and date the form. (CAUTION: An unsigned or undated NOT form will prevent the termination 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, which 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 that govern the operation of the regulated activity 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 NOT was prepared by someone other than the certifier (for example, if the NOT 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 NOT preparer.

**Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 0.5 hours or 30 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 NOT form to that address.

c. Pesticide Discharge Evaluation Worksheet



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
PESTICIDE DISCHARGE EVALUATION WORKSHEET FOR THE  
PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE  
APPLICATION OF PESTICIDES**

Form Approved  
OMB No.  
**2040-0284**

This worksheet is for any Operator who is also a Decision-maker required to submit a Notice of Intent (NOI) and is a small entity, as defined in Appendix A of the Pesticide General Permit (PGP). The information on this worksheet must be retained for each pesticide application activity.

**A. General Information**

1. Operator Name:
2. Worksheet Preparer Name:
3. Pest Management Area: #  of ##
4. Pest Management Area Name:
5. Indicate the pesticide use pattern for the Pest Management Area:
  - a.  Mosquito and Other Flying Insect Pests
  - b.  Weed and Algae Pests
  - c.  Animal Pests
  - d.  Forest Canopy Pests
6. 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:

**B. Pest Evaluation**

1. Identify the target pest(s) and explain why pest control is needed:
2. Describe Pest Management Measure(s) implemented before the first pesticide application:

**C. Pesticide Application**

1. Name and contact information for pesticide applicator(s):
   
Company Name: 
  
Street: 
  
City:  State:  Zip Code:  - 
  
Contact Name: 
  
Phone:  -  -  Ext 
  
E-mail:



2. Pesticide application start date: / /  Pesticide application end date: / /

3. Name of each pesticide product used, EPA registration number, and quantity of pesticide applied (as packaged or as formulated): Circle lbs or gallons.

Product Name	Product Name	Product Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
EPA Reg. No.	EPA Reg. No.	EPA Reg. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity (lbs or gallons)	Quantity (lbs or gallons)	Quantity (lbs or gallons)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Application method:	Application method:	Application method:
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Visual monitoring was conducted during pesticide application and/or post-application?  Yes.  No. If no, describe why not?  
\_\_\_\_\_  
\_\_\_\_\_

5. Any adverse effects identified during visual monitoring?  Yes.  No. If yes, describe.  
\_\_\_\_\_  
\_\_\_\_\_

**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 gather and evaluate 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 contained is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for recording false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name:   
Title:   
E-Mail:   
Signature/Responsible Official: \_\_\_\_\_ Date: / /

**Pesticide Discharge Evaluation Worksheet Preparer (Complete if worksheet was prepared by someone other than the certifier)**  
Preparer Name:   
Organization:   
Phone: -- Ext  Date: / /   
E-Mail:

# Instructions for Completing the Pesticide Discharge Evaluation Worksheet (PDEW) for the PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

## Who Must Complete a PDEW?

Any Operator, who is a Decision-maker required to submit a Notice of Intent (NOI) and is a small entity as defined in Appendix A of the permit may complete this Pesticide Discharge Evaluation Worksheet (PDEW) to meet the requirements of Part 7.4 of the PGP.

Pest management area, as defined in Appendix A of the permit, can be a large area (e.g., an entire town) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas. Operators required to retain the information contained on this worksheet must do so for each treatment area. For treatment areas with the same or similar pests, the Operator can use one worksheet to document pest management activities for those multiple treatment areas.

## When to Complete a PDEW?

Before any pesticide application, any Operator using this form to meet its obligations under the PGP must complete Part B of this worksheet. Part C, except for the pesticide application end date and total quantity of pesticide applied, must be completed as soon as possible but no later than 14 days after the first pesticide application. The total quantity of pesticide applied and the pesticide application end date must be completed as soon as possible but no later than 14 days after completion of pesticide application for this project.

Any Operator using this form to meet its obligations under the PGP must retain this worksheet for at least 3 years from the date that coverage is granted under the PGP or when the permit expires or is terminated. These Operators must make this worksheet available to EPA, including an authorized representative of EPA, upon request.

## Completing the PDEW

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions.

### Section A. General Information

1. Enter the Operator's full legal name.
2. Enter the full legal name of the person completing the form.
3. Section A 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).
4. Enter the name of the Pest Management Area.
5. Identify the pesticide use pattern(s) for the Pest Management Area.
6. For each treatment area, provide a brief description and location description of the treatment area within the Pest Management Area; size of the treatment area in acres or linear feet, and name or location of any Waters of the United States to which discharges occur.

### Section B. Pest Evaluation

1. Identify the target pest(s) and provide a brief description of why pest control is needed.
2. Provide a brief description of any Pest Management Measure(s) implemented before pesticide application. For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.

### Section C. Pesticide Application

1. Provide the company name and contact information of the pesticide applicator.
2. Enter the date that the pesticide application began and ended.
3. Enter the name of each pesticide product used including the EPA Registration Number, the quantity of pesticide applied, and the method used to apply the pesticide (e.g., fixed wing aircraft, backpack sprayer).
4. Indicate if visual monitoring was conducted during the pesticide application and/or post-application. If visual monitoring was not performed, provide a brief description of why visual monitoring was not conducted.
5. Indicate if there were any adverse effects identified during visual monitoring. Provide a brief description of any adverse effects that were identified.

## 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 permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. 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 that govern the operation of the regulated activity 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 PDEW was prepared by someone other than the certifier (for example, if the PDEW was prepared by a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the PDEW preparer.

## Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 1 hour or 60 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 Pesticide Discharge Evaluation Worksheet to this address.

d. Annual Report Form



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**  
**WASHINGTON, DC 20460**  
**ANNUAL REPORTING FORM FOR THE PESTICIDE GENERAL PERMIT (PGP) FOR**  
**DISCHARGES FROM THE APPLICATION OF PESTICIDES**

Form Approved  
 OMB No.  
 2040-0284

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit.

**Electronic Submission Waiver (skip if using eNOI)**

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 Annual Reporting 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 permit?

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

b.  Yes, an adverse incident was observed and/or a corrective action was taken. (Complete questions 2-6 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, provide the date for any adverse incidents as a result of those treatment(s), as described in Part 6.4 of the permit (use additional pages, if needed):

Date of adverse incident observation:  /  /

4. Date and time the Operator contacted EPA to notify the Agency of the adverse incident, who the Operator spoke with at EPA, and any instructions 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. Did any pesticide application activities result in a discharge to Waters of the United States containing NMFS Listed Resources of Concern as defined in Appendix A of the permit?  
 Yes  No If yes, approximate date(s) of any discharges: \_\_\_\_\_

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

Company Name: [Grid]

Street: [Grid]

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

Contact Name: [Grid] Title: [Grid]

Phone: [Grid] - [Grid] - [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: Add additional pages if necessary.

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

**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 Operator that is a Decision-maker required to submit a Notice of Intent (NOI) and is a large entity as defined in Appendix A of the permit and any Decision-maker required to submit an NOI solely because of their application results in a discharge to Waters of the United States containing NMFS Listed Resources of Concern, must submit an annual report to EPA each calendar year. Once required to submit an annual report for one year, an annual report must be filed each subsequent year of this permit whether or not you have discharges from the application of pesticides in accordance with Section 7.6 of the permit.

### When to File an Annual Report?

Any Operator required to file an annual report must submit the annual report no later than February 15 of the following year for all pesticide activities covered under this permit occurring during the previous calendar year. If the Operator is required to submit an NOI based on an annual treatment area threshold, 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 the Operator exceeded the annual treatment area threshold. If the Operator first exceeds an annual treatment area threshold after December 1 in a calendar year, an annual report is not required for that first partial year but annual reports are required thereafter, with the first annual report submitted also including information from the first partial year.

When Operator terminates permit coverage, as specified in Part 1.2.5 of the permit, 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 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 Operator has filed a waiver from the requirement to use eNOI for submitting the Annual Report. The Electronic Submission Waiver is at the top of this form. Any Operator 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 file 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, 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 that you received in your NOI confirmation letter or e-mail from EPA's Pesticide Notice Processing Center. You can find the tracking number assigned to your NOI by using EPA's eNOI System ([www.epa.gov/npdes/pesticides/enoi](http://www.epa.gov/npdes/pesticides/enoi)).
2. Provide the legal name of the person, firm, public organization or any other public entity who is the Decision-maker for the pesticides applications described in this report. A Decision-maker is an Operator 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 incident was observed and corrective actions were taken for any Pest Management Area for which you have coverage under the permit. If no, proceed to Section C. If yes, complete Section B for each Pest Management Area for which an adverse incident was observed or corrective action was taken.
2. Enter the name of the Pest Management Area.
3. If applicable, enter the date of any adverse incidents resulting from the treatments, as described in Part 6.4 of the permit. Use additional pages if there are multiple dates to be described.
4. 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 permit.
  - a. Indicate the date of the contact.
  - b. Indicate the time of the contact.
  - c. Indicate who the Operator spoke with at EPA.
  - d. Indicate any instructions received from EPA.
5. Enter the date that the Thirty (30)-Day Adverse Incident Written Report was submitted, pursuant to Part 6.4.2 of the permit.
6. 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. Check yes if you had discharge from pest control activities this calendar year. Check no if you had no discharge from pest control activities this calendar year. Note: Checking the no box completes Section C.
2. Select the box for the type of pesticide use pattern for the Pest Management Area.
3. Provide a description of the treatment area (use additional pages for each treatment area).
  - a. Provide a description of the treatment area, including a description of the location.
  - b. Provide the size of the treatment area in acres or linear feet.
  - c. Provide the name or location of any Waters of the United States to which discharges occur.
  - d. Provide a description of the target pest(s).
5. Indicate whether any pesticide application activities resulted in a discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the permit. If yes, provide approximate date(s) of the discharge. Additional information on NMFS Listed Resources of Concern is available on EPA's website at [www.epa.gov/npdes/pesticides](http://www.epa.gov/npdes/pesticides).

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. Copy and attach additional pages, as necessary.

#### **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 permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. 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 activity 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 480 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.



e. Adverse Incident Report



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
THIRTY (30)-DAY ADVERSE INCIDENT WRITTEN REPORT FOR  
THE PESTICIDE GENERAL PERMIT (PGP)  
FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES**

Form Approved  
OMB No.  
**2040-0284**

This form is for Operators required to submit a written report of any reportable adverse incidents to the appropriate EPA Regional office and to the state lead agency for pesticide regulation. Where multiple Operators are authorized for a discharge that results in an adverse incident, reporting by any one of the Operators constitutes compliance for all of the Operators, provided a copy of this report is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident.

**A. Reportable Adverse Incident.**

**Is the adverse incident reportable?** Reporting of adverse incidents is not required under the PGP in the following situations: (a) An Operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application; (b) An Operator has been notified by EPA, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents; (c) An Operator receives information of an adverse incident, but that information is clearly erroneous; or (d) An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

- Yes. You must complete this report and submit it to the appropriate EPA Regional office and to the state lead agency for pesticide regulation.
- No. STOP. You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned on such.

**B. Information from the 24-Hour Adverse Incident Notification**

When an Operator observes or is otherwise made aware of an adverse incident, which may have resulted from a discharge from a pesticide application, the Operator must immediately notify the appropriate EPA Incident Reporting Contact, as identified at [www.epa.gov/npdes/pesticides](http://www.epa.gov/npdes/pesticides). This notification must be made by telephone within 24 hours of the Operator becoming aware of the adverse incident. Operators must include in the written report the information provided to EPA in the 24-hour adverse incident notification (PGP Part 6.4.1.1). Attach additional information if necessary.

1. Caller's Contact Information:

a. Name:

b. Telephone Number: -- Ext

2. Operator Information:

a. Operator Name:

b. Mailing Address:

Street:

City:  State:  ZIP Code: -

3. NOI NPDES Permit Tracking Number:  (Enter "NA" if not applicable)

4. Contact person, if different than the person providing the 24-hour notice under item 1 above:

a. Name:

b. Telephone Number: -- Ext

5. Describe how and when the Operator became aware of the adverse incident:

\_\_\_\_\_  
\_\_\_\_\_

6. Describe the location of the adverse incident:

\_\_\_\_\_  
\_\_\_\_\_



**D. Other Information Required in the Thirty (30) Day Adverse Incident Report**

Please attach additional information if necessary.

1. Location of incident, including the names of any waters affected and appearance of those waters (sheen, color, clarity, etc):

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2. Describe the circumstances of the adverse incident including species affected, estimated number of affected individuals, and approximate size of dead or distressed organisms:

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3. Describe the magnitude and scope of the affected area (e.g. aquatic square area or total stream distance affected):

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4. Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product and EPA registration number.

Pesticide application rate:	<input type="text"/>	Pesticide application rate:	<input type="text"/>
Intended use site:	<input type="text"/>	Intended use site:	<input type="text"/>
Method of application:	<input type="text"/>	Method of application:	<input type="text"/>
Product:	<input type="text"/>	Product:	<input type="text"/>
EPA Reg. No.:	<input type="text"/>	EPA Reg. No.:	<input type="text"/>

5. Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied):

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6. Provide an indication of which laboratory test(s), if any, were performed, and when. (Note: A summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.):

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7. Describe the actions to be taken to prevent recurrence of adverse incidents:

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# Instructions for Completing and Submitting the Thirty (30) Day Adverse Incident Written Report for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

## Who Must Submit a 30-day Adverse Incident Report?

All Operators who observe or are otherwise made aware of a reportable adverse incident pursuant to Part 6.4 of the permit must submit an adverse incident report.

However, even for those identified adverse incidents for which the Operator is not required to report, EPA recommends that Operators consider using this form to document the incident and the rationale for why reporting of the adverse incident is not required. This information may be useful to support a rationale should this determination be questioned.

An adverse incident, as defined in the Appendix A of the permit, is an unusual or unexpected incident that an Operator has observed upon inspection or of which the Operator otherwise became aware, in which: (1) there is evidence that a person or non-target organism has likely been exposed to a pesticide residue, and (2) the person or non-target organism suffered a toxic or adverse effect. See Appendix A of the permit, for the complete definition of adverse incident.

Where multiple Operators are authorized for a discharge that results in an adverse incident, notification and reporting by any one of the Operators constitutes compliance for all of the Operators, provided a copy of the written report required in Part 6.4.2 of the permit is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident.

## When to File the Adverse Incident Report

Operators must provide a written report of any reportable adverse incidents to the appropriate EPA Regional office and to the state lead agency for pesticide regulation within 30 days of the adverse incident pursuant to Part 6.4.1.1 of the permit.

## Where to File the 30-day Adverse Incident Report

The Operator must immediately notify the appropriate EPA Incident Reporting Contact, as identified at [www.epa.gov/npdes/pesticides](http://www.epa.gov/npdes/pesticides) of the adverse incident within 24 hours. The Operator(s) must provide a written report of the adverse incident to the appropriate EPA Regional office at the address listed in Part 8 of the permit and to the state lead agency for pesticide regulation (see <http://npic.orst.edu/state1.htm>).

If an Operator becomes aware of an adverse incident affecting a federally listed threatened or endangered species or its federally designated critical habitat which may have resulted from a discharge from the Operator's pesticide application, the Operator must immediately notify the National Marine Fisheries Service (NMFS) in the case of an anadromous or marine species, or the United States Fish and Wildlife Service (FWS) in the case of a terrestrial or freshwater species.

## Completing the 30-day Adverse Incident Report

To complete this form, type or print in uppercase letters in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the appropriate EPA Regional office.

### Section A. Reportable Adverse Incident

The Operator is required to submit this Adverse Incident Report if the adverse incident is reportable. Check yes if the adverse incident is reportable. If an Adverse Incident Report is not required, check no. No further action is needed on this form. Reporting of adverse incidents is not required under the PGP in the following situations:

- An Operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application;
- An Operator has been notified by EPA, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents;
- An Operator receives information notifying the Operator of an adverse incident, but that information is clearly erroneous; or
- An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

### Section B. Information from the 24-hour Adverse Incident Notification

- Provide contact information for the person that called EPA to report the adverse incident.
  - Enter the legal name of the caller.
  - Enter the phone number of the caller.
- Provide the Operator's contact information.
  - Enter the legal name of the Operator.
  - Enter the mailing address of the Operator.
- If an NOI was filed as required in Part 1.2 of the permit, enter the NPDES Permit Tracking Number assigned by eNOI or the EPA's Pesticides Processing Center. You can find the tracking number assigned to your NOI using EPA's eNOI System ([www.epa.gov/npdes/pesticides/enoi](http://www.epa.gov/npdes/pesticides/enoi)). If no NOI submitted, enter "NA" for not applicable.
- Provide information for a contact person, if different than the person that called EPA to report the adverse incident.
  - Enter the legal name of the contact person.
  - Enter the phone number of the contact person.
- Provide a description of how and when the Operator became aware of the adverse incident.
- Provide a description of the location of the adverse incident.
- Provide a description of the adverse incident and the pesticide product used in the adverse incident. Include the EPA pesticide registration number for each product applied in the area of the adverse incident. Attach additional pages if necessary
- Provide a description of any steps the Operator has taken to correct, repair, remedy, clean up or otherwise address the adverse effects of the incident.
- Identify any other Operators authorized for coverage under the permit for discharges from the pesticide application activities that resulted in the adverse incident. If other Operators are authorized under this permit, provide details of your notification of those other Operator(s).

### Section C. Date and Time the Operator Notified EPA of the Adverse Incident

- Enter the date that EPA was contacted to report the adverse incident.
- Enter the time EPA was contacted to report the adverse incident.
- Provide the legal name and title of the person contacted at EPA.
- Provide a description of the instructions received by EPA.

### Section D. Other Information Required in the Thirty (30) Day Adverse Incident Report

- Enter the location of the adverse incident and include the names of any waters affected. Please include the appearance of those waters (sheen, color, clarity, etc.).
- Provide a description of the circumstances of the adverse incident including species affected, estimated number of affected individuals and approximate size of dead or distressed organisms.
- Provide a description of the magnitude and scope of the affected area. Include aquatic square area or total stream distance affected, if possible.
- Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product and EPA registration number.
- Provide a description of the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied).
- Indicate which laboratory test(s) were performed and when, if laboratory tests were performed. The summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.
- Provide a description of the actions to be taken to prevent recurrence of adverse incidents.

## Section E. 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 permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, which 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 that govern the operation of the regulated activity 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 report was prepared by someone other than the certifier (for example, if the report was prepared by a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the report preparer and the date that the report was prepared.

### Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours or 240 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 Adverse Incident Report to this address.