## ANNUAL REPORT FOR PESTICIDE GENERAL PERMIT

The annual report must be submitted no later than August 15 of the following year for all pesticide activities covered under the permit occurring during the previous fiscal year, as detailed in Part II.B.5 of the permit, All large-size applicators are required to submit the Annual Report. Also, any applicator of any size, must submit the Annual Report if they had an adverse incident or spill during the fiscal year (July 1 – June 30).

| A. General Information - For pesticides activities in calendar year:  |
|---|
| 1. UPDES Permit Number:   |
| 2. Operator Name:   |
| 3. Operator Contact Information:  |
| a, Street:  |
| b, City:  |
| e, Telephone: Ext cell:   |
| 4. Contact Information:   |
| a. Contact Name:  |
| b, Title:   |
| c. E-mail:  |
| <ol> <li>Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?</li> <li>a. \( \subseteq \) No adverse incidents were observed or no corrective action was taken. (Proceed to Section C)</li> <li>b. \( \subseteq \) 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 additional Pest Management Areas).</li> <li>2. Pest Management Area Name:</li> </ol> |
| 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 DWQ to notify the Agency of the adverse incident, who the Operator spoke with at DWQ, and any instructions received from DWQ.   |
| a. Date://  |
| b. Time: d. Instructions received from DWQ:   |
|   |
| 5. Date of submission of Five (5)-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 5-Day Adverse Incident Report:  |
|   |

| C. Application Information  |  |
|---|--|
| <ol> <li>Indicate the pesticide use pattern for the Pest Manager</li> </ol> |  |
| <ul> <li>a. Mosquito and Other Flying Insect Pests</li> </ul>               | b. Weed and Algae Pests c. Animal Pests d. Forest Canopy Pests |
|   |  |
| 2. For each treatment area (use additional pages for each                   |  |
| Provide a description of the treatment area within this                     | s Pest Management Area, including location description:        |
| 8   |  |
|   |  |
| 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:                                  |
|   |  |
|   |  |
|   |  |
|   |  |
| Name and contact information for pesticide Applicator(s)                    |  |
| Company Name:   |  |
|   |  |
| Street:   |  |
| City:   |  |
| Oity.   |  |
| Contact Name:   |  |
| 05  | Ext.   |
| Phone:  |  |
| 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 EPA Reg. No.  |  | Product Name EPA Reg. No.                        |  |  |
| Quantity (lbs or gallons)  | Quantity (lbs or gallons)  | Quantity (lbs or gallons)                        |  |  |
| Application method:  |  | Application method:                              |  |  |
| 4. Was visual monitoring conducted during pestic   | ide application and/or post-application?   Yes.  | No. If no, describe why not?                     |  |  |
| -  |  |  |  |  |
| E Word any advance official identified during view   |  |  |  |  |
| Were any adverse effects identified during visu  | al monitoring?   Yes.   No. If yes, describe,  |  |  |  |
|  |  |  |  |  |
| D. Certification   |  |  |  |  |
| I certify under penalty of law that this document an designed to assure that qualified personnel proper who manage the system, or those persons directly | d all attachments were prepared under my direction of<br>ly gather and evaluate the information submitted. On<br>responsible for gathering the information, the informa-<br>re that there are significant penalties for recording fals | the basis of my inquiry of the person or persons |  |  |
| Printed Name:  |  |  |  |  |
| Title:   |  |  |  |  |
| E-Mail:  |  |  |  |  |
| Signature/Responsible Official:  |  | Date://  |  |  |
| Pesticide Discharge Evaluation Worksheet Prep  | parer (Complete if worksheet was prepared by sor   | neone other than the certifier)                  |  |  |
|  |  |  |  |  |
| Organization:  |  |  |  |  |
| Phone:   | Ext. Date:   |  |  |  |
| E-Mail:  |  |  |  |  |
|  |  |  |  |  |

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

## When to File the Annual Report

Operators must submit their Annual Report between July 1st and August 15th each year

## Where to File the Annual Report

Submit the report to:
Division of Water Quality
Pesticide Permit Program Coordinator
195 North 1950 West
PO Box 144870
Salt Lake City, Utah 84114-4870
or
dghall@utah.gov

If you have questions, please contact Don Hall at (801) 536-4492.