

C. Application Information

1. Indicate the pesticide use pattern(s) for the application area(s):

- a. Mosquito and Other Flying Insect Pests b. Weeds and Plants c. Animal Pests

- d. Forest Canopy Pests e. Algae, Cyanobacteria, Pathogen, and Nutrient Abatement

2. 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 (acres or miles): _____ acres or _____ miles.

c. Name and location of surface waters of the state to which applications occurred:

3. Name and contact information for pesticide applicator(s):

Agency, Company, Individual Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____ - _____

Contact Name: _____

Phone: _____ - _____ - _____ Ext. _____

E-mail: _____

4. Pesticide application start date: _____ / _____ / _____ Pesticide application end date: _____ / _____ / _____

5. 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
EPA Reg. No.	EPA Reg. No.	EPA Reg. No.
Quantity (lbs or gallons)	Quantity (lbs or gallons)	Quantity (lbs or gallons)
Application method: _____	Application method: _____	Application method: _____

6. Was visual monitoring conducted during pesticide application, and pre- and post-application? Yes. No. If no, describe why not?

7. Were any adverse effects identified during visual monitoring? Yes. No. If yes, describe.

8. Were all treatment activities included in the PDMP has required (including Group 5)? Yes. No. If no, describe.

9. Were any un-registered EPA pesticides, biological agents, or chemicals used for algae, cyanobacteria, pathogens, or nutrient abatement used in Utah Lake?
Include: pests treated, location, product name, active ingredient, amount applied, adverse incidents.

Yes. No. If yes describe.

10. As required, were any un-registered products approved by the Director prior to use Utah Lake? Yes. No. Not Applicable. If no 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: [grid]
Title: [grid]
E-Mail: [grid]
Signature/Responsible Official: _____ Date: [grid]

Instructions for Annual Report Form Submission

Please contact Don Hall, (801) 536-4492, if you have any questions.

When to File the Annual Report

Operators must submit Annual Reports between July 1st and August 15th.

Where to File the Annual Report

Mail:
Utah Department of Environmental Quality
Division of Water Quality
PO Box 144870
Salt Lake City, Utah 84114-4870

Email:
dghall@utah.gov

Hand Delivered:
Utah Department of Environmental Quality
Division of Water Quality
195 North 1950 West (MASOB)
Salt Lake City, Utah 84114-4870

Electronic Submission Portal:
<https://deq.utah.gov/water-quality/water-quality-electronic-submissions>