



**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WATER QUALITY  
Utah Pollutant Discharge Elimination System (UPDES)**

**GROUP 5 MONITORING REPORT  
Pesticide General Permit, No. UTG170000**

**Monitoring Reports are due the 20<sup>th</sup> of every month for the previous month's sampling.**

**OPERATOR INFORMATION:**

**Operator Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Responsible Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**TREATMENT AND MONITORING INFORMATION:**

Monitoring 1. Date 2. Time 3. Initials of Sampler	1. Treatment Location 2. Treatment Date 3. Monitoring Location	1. Product Name of the Treatment 2. EPA Reg. #	pH 1. Result	Hardness 1. Result 2. mg/L	AL 1. Result 2. ug/L	Cu 1. Result 2. ug/L	Other Parameters (As instructed by the Director for Biological Agents or Chemicals) 1. Parameter: 2. Units:
1.							
2.							
3.							
1.							
2.							
3.							
1.							
2.							
3.							
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1.							
2.							
3.							

**Sampler Name:** \_\_\_\_\_ **Initials (place initials in Table above):** \_\_\_\_\_

**pH Method:** \_\_\_\_\_

**Total Hardness Analytical Method:** \_\_\_\_\_

**Aluminum Analytical Method:** \_\_\_\_\_

**Copper Analytical Method:** \_\_\_\_\_

**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. Based on 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. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

**Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Printed/Typed Name:**

\_\_\_\_\_

**Submit Form and Laboratory Reports to:** [dghall@utah.gov](mailto:dghall@utah.gov)