

**ANNUAL REPORT  
PESTICIDE GENERAL PERMIT (UTG170000)**

The annual report must be submitted no later than February 28<sup>th</sup> every year for the previous year's activities under the permit. The annual report covers the calendar year (January 1 - December 31) as detailed in Part II.D.7 of the permit. All large-size operators are required to submit the Annual Report. Operators in Group 5 are required to submit the Annual Report. Any operator with an adverse incident or spill during the year must submit the report.

**A. General Information - For pesticides activities in fiscal year:**

1. UPDES Permit Number:   
2. Operator Name:   
3. Operator Contact Information:  
a. Street:   
b. City:  c. State:  d. ZIP Code:   
e. Telephone:  Ext  cell:   
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 treatment area for which you have coverage under the permit?  
a.  No adverse incidents were observed or no 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 treatment area in which adverse incidents were observed or corrective actions were taken. Copy this section for additional treatment areas).

2. Water of the state or treatment area name: \_\_\_\_\_

3. 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 notified DWQ of the adverse incident, who did the operator speak with at DWQ, and any instructions received from DWQ.  
a. Date:  /  /   
b. Time: \_\_\_\_\_  
c. Who did the operator speak with: \_\_\_\_\_  
d. Instructions received from DWQ: \_\_\_\_\_

5. Date of submission of the adverse Incident written report:  /  /

6. Describe the adverse incident and 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**

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:

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b. Size of treatment area (acres or miles): \_\_\_\_\_ acres or \_\_\_\_\_ miles.

c. Name and location or provide a detailed map of surface waters of the state to which applications occurred:

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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?

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

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

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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.

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10. As required, were any un-registered products approved by the Director prior to use Utah Lake?  Yes.  No.  Not Applicable. If no describe.

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**D. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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.

Name:

Title:

E-Mail:

Signature, Responsible Official: \_\_\_\_\_ Date:

**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 no later than February 28th.

**Where to File the Annual Report**

NeTPGP