ANNUAL REPORT PESTICIDE GENERAL PERMIT (UTG170000)

The annual report must be submitted no later than August 15 of the following year, for activities covered under the permit occurring during the previous fiscal year (July 1-June 30), as detailed in Part II.D.7 of the permit. All large-size applicators are required to submit the Annual Report. Any applicator of any size must submit the Annual Report if they had an adverse incident or spill during the year. Group 5 operators that discharge to Utah Lake (Part II.D.7.a) must submit the Annual 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:
e. Telephone:
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:
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: d. Instructions received from DWQ:
 5. Date of submission of the 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 Information1. Indicate the pesticide use pattern(s) for the application area	a(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
 For each treatment area (use additional pages for each trea a. Provide a description of the treatment area within this pe 	
 b. Size of treatment area (acres or miles): c. Name and location of surface waters of the state to which 	
3. Name and contact information for pesticide applicator(s): Agency, Company, Individual Name:	
Street:	
City:	Zip Code:
Contact Name:	
Phone:	
E-mail:	
4. Pesticide application start date:	Pesticide application end date:
5. Name of each pesticide product used, EPA registration num	ber, and quantity of pesticide applied (as packaged or as formulated): Circle lbs or gallons.
Product Name Product Name Product	ıct Name
EPA Reg. No.	Reg. No.
	tity r gallons) Quantity (lbs or gallons) Application
method: method:	11
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 <u>all</u> 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.			
0. 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.

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Title:																										
E-Mail:																										
Signature	e/Resp	onsi	ble	Off	icia	al:													Dat	te:						I

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: <u>dghall@utah.gov</u>

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

DWQ-2021-031792