



**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WATER QUALITY  
UPDES Pesticide General Permit, No. UTG170000**

**TWO-DAY TREATMENT NOTIFICATION  
GROUP 5, APPLICATIONS TO UTAH LAKE**

*Please notify the Pesticide Permit Coordinator of changes to the planned treatment, prior to treatment.*

**TREATMENT INFORMATION:**

**Planned Treatment Date:** \_\_\_\_\_ **Treatment Time:** \_\_\_\_\_

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

**Applicator Name:** \_\_\_\_\_

**Treatment Location, include lat/long:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Application Method:** \_\_\_\_\_

Pesticide, Chemical, or Biological Agent Name	Treatment Description, (include size of treatment area)	Registration# or Product# if Un-registered	Active Ingredient and Percent of Product	Amount to be Applied (tons, lbs, gallons)

**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:**  
\_\_\_\_\_