**Pesticide Discharge Management Plan**

**(PDMP)**

Operator Name (Department, Agency, District, Company, Etc.)

Location (Physical Address)

Decision-maker(s):

Permit and Treatment Decision Makers (Manager, Supervisor, Owner, etc.):

Names

Physical Address

Mailing Address

Phone Number

Email Address

Person(s) Responsible for PDMP Development and Implementation:

Names

Phone Numbers

Email

**PDMP Preparation/Revision Date:** Date **PDMP Implementation Date:** Date

1. **PDMP Team**
2. Persons responsible for managing pests in the pest management area?

Names

1. Persons responsible for developing and implementing corrective actions?

Names

1. Persons/Teams/Companies responsible for pesticide applications?

Names

1. **Pest Management Area**

a. Pest Problem Description.

Description of the pest problem, including identification (by specie, type, group, etc.). Please list specific target weeds, insects, plants, animals, etc.). Include source of problem and source of data to identify the problem and pests.

1. Action Thresholds.

Describe action levels for treatment decisions and how they are determined (surveillance, trapping, sampling, surveys, etc.).

1. Provide Location and Treatment Area Maps or refer to NOI maps.

Maps or links to maps.

1. Water Quality Standards.

Document any applicable standards to waters receiving pesticides or any pesticide products that may affect water quality standards.

1. **Control Measure Description**

Description of the control measures implemented to comply with the narrative and numeric water quality standards. Evaluate and describe control measures for each active ingredient to ensure compliance with the water quality standards.

1. **Schedules and Procedures**

a. Document Control Measures.

1. Application rate and frequency. Include procedures for determining the lowest effective amount of pesticide product per application and the optimum frequency of applications necessary to control the pest while reducing the potential for pest resistance.
2. Spill prevention. Procedures and schedule of maintenance for preventing spills and leaks of pesticides associated with the application of pesticides.
3. Pesticide application equipment. Schedules and procedures for maintaining application equipment in proper operating condition to prevent spills and overapplication, including calibrating, cleaning, and repairing equipment.
4. Pest surveillance. Procedures and methods for conducting pre-application pest surveillance.
5. Assessing environmental conditions. Procedures and methods for assessing environmental conditions before and after treatments in the treatment area.

b. Other Actions to Minimize Discharges.

1. Spill response procedures.
2. Procedures for expeditiously stopping, containing, and cleaning up leaks, spills, and other releases. Employees who may cause, detect, or respond to a spill, leak, or overapplication must be trained in these procedures and have necessary spill response equipment available.
3. Procedures for notification of appropriate facility personnel, emergency response agencies, and regulatory agencies.
4. Incident response procedures.

a. Procedures for responding to any incident resulting from pesticide, biological agents,

 or chemical applications.

1. Procedures for notification of the incident, both internal to your agency/organization and external. Contact information for state/federal permitting agency, nearest emergency medical facility, and nearest hazardous chemical responder must be in locations that are readily accessible and available.
2. Pesticide monitoring schedules and procedures.

a. The process for determining the location of any monitoring.

b. A schedule for monitoring.

c. The person (or title) responsible for conducting monitoring.

d. Procedures for documenting any observed impacts to non-target organisms resulting from pesticide application/discharge.

1. **Signature Requirements**

Operators must sign, date, and certify the PDMP.

**Certification Statement:**

“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 gathered and evaluated the information contained therein. Based on 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 submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Authorized Person Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

1. In providing information in the PDMP, do not refer to an Integrated Mosquito Management Plan, Integrated Pest Management Plan, Spill Prevention Plan, Maintenance Plan, Noxious Weed List, etc. unless the content is provided in the PDMP, a link is provided, the document is uploaded to NeT, or an Addendum to the PDMP is provided. The PDMP should be a stand-alone document as much as possible. Documents or addendums can be attached in the NeT PGP NOI.

2. The PDMP must be reviewed each year and updated whenever necessary throughout the year.

3. The PDMP must be retained and made available upon request or site inspection by DWQ.