**Utah Division of Water Quality**

**Request to Apply Pesticides to Category 1 Waters**

**Under the UPDES Pesticide General Permit**

**Date Request Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Period of Pesticide Application Request (permit term?):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OPERATOR INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Operator (agency, company, etc.):** |  | |
| **UPDES Permit Number:** |  | |
| **Physical address:** |  | |
| **City, State, Zip:** |  | |
| **Phone:** |  | |
| **Contact person(s):** | | |
| **Name:** | **Phone:** | **Email:** |
|  |  |  |

**1. Treatment Area and Pests Managed**

|  |
| --- |
| **Category 1 Waters locations where pesticides will or may be applied.** Include waterbody names, and lat-longs or attach maps. |
|  |
| **List of pests to be treated in Category 1 Waters.** Please list pests to be treated. Include scientific or common names, stages of life, etc. of pests. |
|  |

**2. Need and Purpose of Proposed Treatments to Category 1 Waters**

|  |
| --- |
| **Scope of problem and pest outbreaks.** Include species, population, distribution, stage of life, etc. |
|  |
| **Timing of the pest problem.** What months are pest treatments needed? When are pesticide applications needed? |
|  |
| **Does the problem include disease vectors, nuisance pests, damage to fisheries, harm to water quality or designated uses, etc.?** Please describe. |
|  |
| **Why are the applications needed?** |
|  |

|  |
| --- |
| **What will result if pesticides are not applied?** |
|  |
| **Are other treatment methods available and effective?** |
|  |

**3. Measures Planned and Taken to Protect Water Quality**

|  |
| --- |
| **Measures taken to protect water quality of Category 1 Waters.** Please include and describe. |
|  |
| **Please describe spill and leak prevention measures, prior to, during, and following treatments.** |
|  |
| **Please briefly describe transportation and application equipment maintenance and calibration, etc.** |
|  |
| **Please describe methods of pretreatment survey and assessment of site conditions (wind speed and direction, temperature, locations of non-target pests, etc.) prior to applications.** |
|  |

**4. Treatment Plan**

|  |
| --- |
| **Pest surveillance methods and equipment.** |
|  |
| **Pest thresholds for applications.** |
|  |
| **Please list pesticide products and match its use to treat each respective pest.** |
|  |
| **Application timing (dates, season, population, temperature, etc.).** |
|  |
| **Application rates (how determined, following labels? using the minimal effective amount** |
|  |
| **Application intervals and number of treatments per season, year, etc.** |
|  |

|  |
| --- |
| **Mode of application (aerial, spray, etc.).** |
|  |

**5. Post Treatment**

|  |
| --- |
| **Methods of post application surveys.** |
|  |
| **Protocols to address adverse incidents, harm to water quality, or damage to non-target organisms.** |
|  |

**6. Safety and Spill Response**

|  |
| --- |
| **Include the safety plan and training requirements.** |
|  |
| **Include spill response measures and clean up procedures.** |
|  |
| **Emergency contacts and numbers.** |
|  |

**7. Pesticide Information, Labels, and Label Compliance**

|  |
| --- |
| **How do you ensure compliance to pesticide labels?** |
|  |
| **Please include copies of labels.** |
|  |
| **How do you ensure compliance to pesticide labels?** |
|  |

|  |
| --- |
| **Operator Signature and 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 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.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Is the request approved by the Division of Water Quality? Yes: No:** |

**Submit to Don Hall at dghall@utah.gov**