

C. Pest Management Areas: Complete Section C for each Pest Management Area for which coverage under the APDES Pesticide General permit is desired. Copy this section for non-electronic submissions.

Pest Management Area #: _____ **of ##:** _____

1. Name: _____

Provide a map of the location of the Pest Management Area (attach map) or describe the location of the Pest Management Area in detail.

2. Pesticide Applicator Contact Information:

Pesticide Applicator Contact Name:	Organization:	Title:
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Phone:	Fax (optional):	Email:
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Mailing Address:	Street (PO Box):	City:	State:	Zip:
<input type="checkbox"/> Check if same as Section B				

3. Pesticide Use Patterns to be included in this Pest Management Area (check all that apply):

- a. Mosquito and Other Flying Insect Pest Control
- b. Weed and Algae Pest Control
- c. Animal Pest Control
- d. Forest Canopy Pest Control

Pest(s) to be controlled:	Pesticide Products	
	Product Name:	EPA Registration Number:

4. Receiving Waters (check one):

- a. Coverage requested for all waters of the U.S. within the Pest Management Area identified above.
- b. Coverage requested specifically for the following waters of the U.S. within the Pest Management Area identified above.
- c. Coverage requested for all waters of the U.S within the Pest Management Area identified above except for:

5. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to Waters of the United States if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a degradate of such an active ingredient. See Part 1.1.2.1 of the permit. *Check one:*

- a. Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient
- b. Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

6. Tier 3 Waters

Is coverage requested for discharge to a Tier 3 (Outstanding National Resource Water) water of the U.S.? Yes No

- a. Name of Tier 3 water(s):
- b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis: