



Annual Report for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

This form is for any Operator who is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered during the previous calendar year as detailed in Part 7 of the permit.

A. General Information			
For pesticide activities in calendar year:			
APDES Permit Authorization Number:			
Operator Information			
Operator Name:			
Operator Contact Name:		Organization:	Title:
Phone:	Fax (optional):	Email:	
Mailing Address:	Street (PO Box):		
	City:	State:	Zip:
B. Adverse Incidents and Corrective Actions			
1. Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?			
a. <input type="checkbox"/> No adverse incidents were observed or no corrective action was taken (Proceed to Section C). b. <input type="checkbox"/> Yes, an adverse incident was observed and/or a corrective action (Complete questions 2-6 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for additional Pest Management Areas).			
Pest Management Area #		of ##	
2. Pest Management Area Name:			
3. If applicable, provide the date for any adverse incidents as a result of those treatment(s), as described in Part 6.4 of the permit (use additional pages, if needed). Date of adverse incident observation:			
4. Date and time the Operator contacted DEC to notify the Department of the adverse incident, who the Operator spoke with at DEC, and any instructions received from DEC.			
Date: _____		Time: _____	
Who the Operator spoke with at DEC: _____		_____	
Instructions received from DEC: _____			
5. Date of submission of Thirty (30)-Day Adverse Incident Written Report: Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such actions(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report.			

C. Pest Management Area(s) (Use additional pages for each Pest Management Area)

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

Pest Management Area Name: _____

1. Have any discharges from pest control activities occurred in this calendar year?
 a. No discharge from pest control activities this calendar year. *Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.*
 b. Yes. Proceed to question 2.

2. Indicate the pesticide use pattern(s) for the Pest Management Area:
 a. Mosquito and Other Flying Insect Pest Control b. Weed and Algae Pest Control
 c. Animal Pest Control d. Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):
 a. Provide a description of the treatment area within this Pest Management Area, including location description:

 b. Size of treatment area (in acres or linear feet): _____ acres or _____ linear feet.
 c. Name or location of any Waters of the United States to which discharges occurred:

 d. Target Pest(s): _____

4. Name and contact information for pest applicator(s) (or check here if same as provided in Section A):
 Pest Applicator Contact Name: _____ Organization: _____ Title: _____

Phone: _____ Fax (optional): _____ Email: _____

Mailing Address: _____ Street (PO Box): _____
 City: _____ State: _____ Zip: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: Yes No Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA registrations number(s) and by application method. Add additional pages if necessary.

Product Name		_____		
EPA registration number		_____		
Application Method	Quantity Applied			
		lbs	gallons	
a. <input type="checkbox"/> Aerially by fixed-wing		<input type="checkbox"/>	<input type="checkbox"/>	
b. <input type="checkbox"/> Aerially by rotary aircraft		<input type="checkbox"/>	<input type="checkbox"/>	
c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		<input type="checkbox"/>	<input type="checkbox"/>	
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer		<input type="checkbox"/>	<input type="checkbox"/>	
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)		<input type="checkbox"/>	<input type="checkbox"/>	
f. <input type="checkbox"/> Chemigation		<input type="checkbox"/>	<input type="checkbox"/>	
g. <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/>	<input type="checkbox"/>	

Product Name		_____		
EPA registration number:		_____		
Application Method	Quantity Applied			
		lbs	gallons	
a. <input type="checkbox"/> Aerially by fixed-wing		<input type="checkbox"/>	<input type="checkbox"/>	
b. <input type="checkbox"/> Aerially by rotary aircraft		<input type="checkbox"/>	<input type="checkbox"/>	
c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)		<input type="checkbox"/>	<input type="checkbox"/>	
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer		<input type="checkbox"/>	<input type="checkbox"/>	
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)		<input type="checkbox"/>	<input type="checkbox"/>	
f. <input type="checkbox"/> Chemigation		<input type="checkbox"/>	<input type="checkbox"/>	
g. <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/>	<input type="checkbox"/>	

D. Certification

An Alaska Pollutant Discharge Elimination System (APDES) permit application or report must be signed by an individual with the appropriate authority per 18 AAC 83.385. For additional information, please refer to 18 AAC 83.385 at the following link: <http://www.legis.state.ak.us/basis/aac.asp#18.83.385>.

Corporate Executive Officer 18 AAC 83.385 (a)(1)(A)	For a corporation, a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.
Corporate Operations Manager 18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
Sole Proprietor or General Partner 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer 18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
<p><i>*For Delegated Authority: the delegation must be made in writing and submitted to the DEC. An Example of written authorization delegating authority can be found on the Division of Water website: http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf</i></p>	
Operations Manager (Delegated Authority)* 18 AAC 83.385 (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
Environmental Manager (Delegated Authority)* 18 AAC 83.385 (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.

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.

Organization:		Name:		Title:	
Phone:		Fax (optional):		Email:	
Mailing Address: <input type="checkbox"/> Check if same as Operator Information		Street (PO Box):			
		City:		State:	Zip:
_____ Signature/Responsible Official			_____ Date		

Section E. Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier.)

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

Instructions for Completing the Annual Report Form for Coverage Under the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

Who Must File an Annual Report Form with DEC?

Any Operator that is a Decision-maker required to submit a Notice of Intent (NOI) and is a large entity as defined in Appendix A of the permit must submit an annual report to DEC each calendar year. Once required to submit an annual report for one year, an annual report must be filed each subsequent year of this permit whether or not you have discharges from the application of pesticides in accordance with Section 7.6 of the permit. If you have questions, see

<http://dec.alaska.gov/water/wnpssc/stormwater/PesticideGP.html> or contact the Storm Water section at 907-269-6285.

When to File an Annual Report?

Any Operator required to file an annual report must submit the annual report no later than February 15 of the following year for all pesticide activities covered under this permit occurring during the previous calendar year. If the Operator is required to submit an NOI based on an annual treatment area threshold, the annual report must include information for the calendar year, with the first annual report required to include activities for the portion of the calendar year after the point at which the Operator exceeded the annual treatment area threshold. If the Operator first exceeds an annual treatment area threshold after December 1 in a calendar year, an annual report is not required for that first partial year but annual reports are required thereafter, with the first annual report submitted also including information from the first partial year.

When Operator terminates permit coverage, as specified in Part 1.2.5 of the permit, an annual report must be submitted for the portion of the year up through the date of termination. The annual report is due no later than February 15 of the following year.

Where to File the Annual Report?

Select one of two options:

- (1) Mail: If you file by mail please submit the original form with a signature in ink. Remember to retain a copy for your records.

Via mail:

Alaska Dept. of Environmental Conservation
Division of Water, Wastewater Discharge Authorization
Compliance and Enforcement Program
555 Cordova Street
Anchorage, AK 99501
Phone: (907) 269-6285

- (2) Email: dec-wqreporting@alaska.gov.

Completing the Annual Report Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above.

Section A. General Information

1. Enter your permit tracking number that you received in your NOI confirmation letter or email from DEC Wastewater Permitting Program. You can find the tracking number assigned to your NOI by using DEC's Water Permit Search <http://dec.alaska.gov/Applications/Water/WaterPermitSearch/Search.aspx>.
2. Provide the legal name of the person, firm, public organization or any other public entity who is the Decision-maker for the pesticides applications described in this report. A Decision-maker is an Operator who has control over the decision to perform pesticide applications including the ability to modify those decisions that result in a discharge to waters of the United States.

3. Enter the address and telephone number of the Operator.
4. Provide the full legal name, title, and email address of a contact person for the Annual Report.

Section B. Adverse Incidents and Corrective Actions

1. Identify if an adverse incident was observed and corrective actions were taken for any Pest Management Area for which you have coverage under the permit. If no, proceed to Section C. If yes, complete Section B for each Pest Management Area for which an adverse incident was observed or corrective action was taken.
2. Enter the name of the Pest Management Area.
3. If applicable, enter the date of any adverse incidents resulting from the treatments, as described in Part 6.4 of the permit. Use additional pages if there are multiple dates to be described.
4. Enter the date and time the Operator contacted DEC to notify the Department of the adverse incident, pursuant to Part 6.4.1.1 of the permit.
5. Indicate the date of the contact.
6. Indicate the time of the contact.
7. Indicate who the Operator spoke with at DEC.
8. Indicate any instructions received from DEC.
9. Enter the date that the Thirty (30)-Day Adverse Incident Written Report was submitted, pursuant to Part 6.4.2 of the permit.
10. Provide a description of any corrective action(s) resulting from pesticide application activities and the rationale for the action(s), performed subsequently to or in addition to any actions described in the Thirty (30)-Day Adverse Incident Written Report.

Section C. Pest Management Area(s)

Section C should be completed for each Pest Management Area. Indicate which Pest Management Area out of the total number of Pest Management Areas for which the section is being completed (i.e., Pest Management Area 1 of 10 total Pest Management Areas).

1. Identify if you had a discharge from pest control activities this calendar year. Check yes if you had discharge from pest control activities this calendar year. Check no if you had no discharge from pest control activities this calendar year. Note: Checking the no box completes Section C.
2. Select the box for the type of pesticide use pattern for the Pest Management Area.
3. Provide a description of the treatment area (use additional pages for each treatment area).
 - a. Provide a description of the treatment area, including a description of the location.
 - b. Provide the size of the treatment area in acres or linear feet.
 - c. Provide the name or location of any waters of the United States to which discharges occur.
 - d. Provide a description of the target pest(s).
4. Provide the company name(s), mailing address, a contact person, contact person's title, telephone number and e-mail address for the pesticide applicator(s). If the information is the same as Section A, check the appropriate box and proceed to the next question.
5. Indicate if the pest control activity was addressed in your PDMP before pesticide application.
6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle whether the quantity applied is in pounds or gallons. Copy and attach additional pages, as necessary.

Section D. Certification

Include the certifiers name, title, organization, address, telephone number, and email address of the person signing the form and the date of signing. For more information about the certification statement and signature, see Appendix A of the permit. An unsigned or undated form will not be accepted.

(a) The Annual Report must be signed by a responsible official as follows:

(1) For a corporation, a responsible corporate officer shall sign the Annual Report. A responsible corporate officer means:

(A) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy - or decision-making functions for the corporation; or

(B) the manager of one or more manufacturing, production, or operating facilities, if

(i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations;

(ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and

(iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) For a partnership or sole proprietorship, the general partner or the proprietor, respectively; or

(3) for a municipality, state, or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of an agency means

(A) the chief executive officer of the agency; or

(B) a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

(4) Include the name, title, organization, address, telephone number, and email address of the person signing the form and the date of signing. An unsigned or undated NOI form will not be considered valid application for permit coverage.

(b) Any report required by an APDES permit, and a submittal with any other information requested by the department, must be signed by a person described in (a) above, or by a duly authorized representative of that person. A person is a duly authorized representative only if

(1) the authorization is made in writing by a person described in (a) of this section;

(2) the authorization specifies either

(A) an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent, or position of equivalent responsibility; or

(B) an individual or position having overall responsibility for environmental matters for the company; and

(3) the written authorization is submitted to the department.

Section E. Annual Report Preparer Information.

If the Annual Report was prepared by someone other than the certifier (for example, if the Annual Report was prepared by a consultant for the certifier's signature), include the name, title, organization, address, telephone number, and email address of the Annual Report preparer.