



## Pesticide Discharge Evaluation Worksheet for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

This worksheet is for any Operator who is also a Decision-maker required to submit a Notice of Intent (NOI) and is a small entity, as defined in Appendix C of the Pesticide General Permit (PGP). The information on this worksheet must be retained for each pesticide application activity.

### A. General Information

1. Operator Name:		2. Worksheet Preparer Name	
3. Pest Management Area: # of ##		4. Pest Management Area Name:	
5. Indicate the pesticide use pattern for the Pest Management Area: a. <input type="checkbox"/> Mosquito and Other Flying Insect Pests    b. <input type="checkbox"/> Weed and Algae Pests    c. <input type="checkbox"/> Animal Pests    d. <input type="checkbox"/> Forest Canopy Pests			
6. 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:			

### B. Pest Evaluation

1. Identify the target pest(s) and explain why pest control is needed:
2. Describe Pest Management Measure(s) implemented before the first pesticide application:

### C. Pesticide Application

1. Name and contact information for pesticide Applicator(s):					
Company Name:		Contact Name:		Title:	
Phone:		Fax (optional):		Email:	
Mailing Address:	Street (PO Box):				
	City:		State:		Zip:
2. Pesticide Application	Start Date:		End Date:		
3. Name of each pesticide product used, EPA registration number, and quantity of pesticide applied (as packaged or as formulated): Enter quantity in either pounds or gallons.					
Product Name	EPA Reg. No.	Quantity		Application method	
		pounds	gallons		
4. Was visual monitoring conducted during pesticide application and/or post-application? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, describe why not?					
5. Were any adverse effects identified during visual monitoring? <input type="checkbox"/> Yes. <input type="checkbox"/> No.    If yes, describe.					

**III. Certification Information**

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: <a href="http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf">http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf</a></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:	Street (PO Box):			
<input type="checkbox"/> Check if same as Operator Information	City:		State:	Zip:
Signature/Responsible Official		Date		

**Pesticide Discharge Evaluation Worksheet Preparer** (Complete if worksheet was prepared by someone other than the certifier)

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

# Instructions for Completing the Pesticide Discharge Evaluation Worksheet (PDEW) for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

## Who Must Complete a PDEW?

Any Operator, who is a Decision-maker required to submit a Notice of Intent (NOI) and is a small entity as defined in Appendix C of the permit may complete this Pesticide Discharge Evaluation Worksheet (PDEW) to meet the requirements of Part 7.4 of the PGP.

Pest management area, as defined in Appendix A of the permit, can be a large area (e.g., an entire town) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas. Operators required to retain the information contained on this worksheet must do so for each treatment area. For treatment areas with the same or similar pests, the Operator can use one worksheet to document pest management activities for those multiple treatment areas.

## When to Complete a PDEW?

Before any pesticide application, any Operator using this form to meet its obligations under the PGP must complete Section B of this worksheet. Section C, except for the pesticide application end date and total quantity of pesticide applied, must be completed as soon as possible but no later than 14 days after the first pesticide application. The total quantity of pesticide applied and the pesticide application end date must be completed as soon as possible but no later than 14 days after completion of pesticide application for this project.

Any Operator using this form to meet its obligations under the PGP must retain this worksheet for at least 3 years from the date that coverage is granted under the PGP or when the permit expires or is terminated. These Operators must make this worksheet available to DEC, including an authorized representative of DEC, upon request.

## Completing the PDEW

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions.

### Section A. General Information

1. Enter the Operator's full legal name.
2. Enter the full legal name of the person completing the form.
3. Section A 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).
4. Enter the name of the Pest Management Area.
5. Identify the pesticide use pattern(s) for the Pest Management Area.
6. For each treatment area, provide a brief description and location description of the treatment area within the Pest Management Area; size of the treatment area in acres or linear feet, and name or location of any waters of the United States to which discharges occur.

### Section B. Pest Evaluation

1. Identify the target pest(s) and provide a brief description of why pest control is needed.
2. Provide a brief description of any Pest Management Measure(s) implemented before pesticide application. For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.

### Section C. Pesticide Application

1. Provide the company name and contact information of the pesticide Applicator.
2. Enter the date that the pesticide application began and ended.
3. Enter the name of each pesticide product used including the EPA Pesticide Registration Number, the quantity of pesticide applied, and

the method used to apply the pesticide (e.g., fixed wing aircraft, backpack sprayer).

4. Indicate if visual monitoring was conducted during the pesticide application and/or post-application. If visual monitoring was not performed, provide a brief description of why visual monitoring was not conducted.
5. Indicate if there were any adverse effects identified during visual monitoring. Provide a brief description of any adverse effects that were identified.

### Section D. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix A of the permit. An unsigned or undated form will not be accepted.

#### The certification must be signed as follows:

- (1) For a corporation, a responsible corporate officer shall sign the NOT, 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.

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