

# Pesticide General Permit Annual Report

version 1.9

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Form Instructions

A separate Annual Report must be submitted for each permit number. Permittees must retain legible copies of submitted documents.

### Permit Information

Permit Number

Pesticide Activities in Calendar Year

### Permittee Information

First Name

Last Name

Title

Organization Name

Phone Type

\*Only one phone number is accepted

Number

Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

### Adverse Incidents and Corrective Action

**Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?**

- No adverse incidents were observed or no corrective action was taken       Yes, an adverse incident was observed and/or a corrective action

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please continue to Pest Management Areas section

**Pest Management Area Number**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Pest Management Area Name**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**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 (add rows, if needed).**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Date of Adverse Incident Observation
<input type="text"/>

**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.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Date	Time
<input type="text"/>	

**Who did the operator speak with at DEC?**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Instructions received from DEC**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Date of submission of Thirty (30)-Day Adverse Incident Written Report**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**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.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Pest Management Areas**

**Pest Management Area Name**

**Pest Management Area Number**

**Have any discharges from pest control activities occurred in this calendar year?** *\*Select One*

- No discharge from pest control activities this calendar year.  Yes

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please continue to the review section

**Indicate the pesticide use pattern(s) for the Pest Management Area** *\*Select All That Apply*

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- Mosquito and Other Flying Insect Pest Control  Animal Pest Control  
 Weed and Algae Pest Control  Forest Canopy Pest Control

**For each treatment area (add rows for each treatment area)**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

<b>Provide a description of the treatment area</b>	<b>Size of Treatment Area</b>	<b>Unit</b>	<b>Name of location of any Waters of the US</b>	<b>Target Pest(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Information Only: Use EDMS

**Name and contact information for pest applicator**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

<b>First Name</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>

**Title**

**Organization Name**

<b>Phone Type</b> <small>*Only one phone number is accepted</small>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Fa**

**Address Line 1**

**Address Line 2**

<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application?**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- Yes       No  
 Not Applicable

**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 rows if necessary.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Product Name	EPA Registration Num	Application Method	Quantity Applied	Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.