

Pesticide Evaluation Worksheet

version 1.6

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

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

Pesticide General Permit - Decision Tool

Do I need an APDES permit for my pesticide applications?

Will you be applying or hiring someone to apply pesticides that will result in a discharge to waters of the U.S. (as defined in Appendix C of the permit)? ^{*Select One}

Yes No

Is the pesticide that you will apply a biological pesticide, or a chemical pesticide that will leave a residue? ^{*Select One}

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

Yes No

Will your discharges to waters of the U.S. be solely a result of agricultural stormwater runoff or irrigation return flow? ^{*Select One}

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

Yes No

You do not need an APDES Permit.

You can exit this form and delete this draft from your submissions.

I need an APDES permit for my pesticide application in the State of Alaska. Am I eligible for coverage under DEC's APDES Pesticide General Permit (PGP)?

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

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Within the Metlakatla Indian Reservation, or within the Denali National Park Preserve.

Will you be applying pesticides in any of these locations above? ^{*Select One}

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Yes No

Mosquito and Other Flying Insect Pest Control

Weed and Algae Control

Animal Pest Control

Forest Canopy Pest Control

Will your pesticide application be for one of the above pesticide use patterns? (See Part 1.1.1 of the permit for further detail.) ^{*Select One}

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

Yes No

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- to waters identified as impaired by a substance which either is an active ingredient in that pesticide or is a degradate of such an active ingredient (Part 1.1.2.1); or
- to a Tier 3 water, unless the purpose is to restore or maintain water quality or protect public health, and the resulting discharge either does not degrade water quality or only degrades water quality on a short-term or temporary basis (Part 1.1.2.2); or
- a discharge that is previously or currently covered by another APDES permit.

Will your discharge from the application of pesticides be to any of the above? ^{*Select One}

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Yes No

You are not eligible for coverage under DEC's APDES Pesticide General Permit (PGP). You may be eligible for coverage under EPA's NPDES Pesticide General Permit. See www.epa.gov/npdes/pesticide-permitting for more information.

I need an APDES permit for my pesticide application and I am eligible for coverage under DEC's APDES Pesticide General Permit (PGP). What is required of me under the PGP?

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- Decision Maker: Any entity with 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.
- Applicator: Any entity who performs the application of a pesticide or who has day-to-day control of the application (i.e., they are authorized to direct workers to carry out those activities) that results in a discharge to waters of the United States.

Are you a decision-maker or a for-hire applicator? (See Part 1.0 and Appendix C for definitions.) ^{*Select One}

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Decision Maker Applicator

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Listings of endangered and threatened species and federally-listed critical habitat in Alaska and interactive maps is available at:

National Oceanic and Atmospheric Administration (NOAA) Fisheries - Alaska Regional Office: [//alaskafisheries.noaa.gov/pr/esa-consultations](http://alaskafisheries.noaa.gov/pr/esa-consultations)

Interactive map: [//alaskafisheries.noaa.gov/mapping/esa](http://alaskafisheries.noaa.gov/mapping/esa)

U.S. Fish and Wildlife Service (USFWS) [//ecos.fws.gov/ecp](http://ecos.fws.gov/ecp)

Interactive map: [//ecos.fws.gov/ipac](http://ecos.fws.gov/ipac)

Will any of your discharges be to waters of the U.S. containing Federally Listed Essential Endangered and Threatened Species or Designated Critical Habitat (Listed above)? ^{*Select One}

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

Yes No

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- to control mosquitoes for public health, nuisance control or animal welfare;
- to control weeds and algae;
- to control animals for public health, nuisance control or resource management; or
- to control forest canopy pests?

Are you a federal or state agency with the responsibilities above? ^{*Select One}

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Yes No

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You are reminded of the following requirements:

1. Submit a Notice of Intent (NOI) at least 30 days prior to discharge (see Permit Part 1.2.2 and 1.2.3 for more details):
 - a. For applications that discharge to waters of the U.S. containing Federally Listed Essential Endangered and Threatened Species and Designated Critical Habitat (Listed) (See Permit Part 1.6),
 - i. Notify the Service (NMFS or FWS) 60 days prior to initial discharge, and
 - ii. Provide a copy of the notification and any water quality based recommendations from the Service to DEC when submitting the NOI
2. Annual permit fee (\$250), (see Permit Part 1.2.3)
3. Technology-Based Effluent Limitations, Part 2.2: Decision-makers' Responsibilities for all Decision-makers
4. Technology-Based Effluent Limitations, Part 2.2: Decision-makers' Responsibilities for Decision-makers Required to Submit NOIs
5. Water Quality, Part 3
6. Monitoring, Part 4
7. Pesticide Discharge Management Plan (PDMP) , Part 5 (not required for applications made in response to Declared Pest Emergencies)
8. Corrective Action, Part 6
9. Recordkeeping, Parts 7.0, 7.1, 7.4, and 7.5
10. Annual Report , Part 7.6
11. Standard Permit Conditions, Appendix A

For any applications where you self-apply the pesticides, your requirements also include:

- a. Technology-Based Effluent Limitations, Part 2.0: Applicators' Responsibilities
- b. Monitoring for Applicators, Part 4.1

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- mosquito control district or similar pest control district; or
- irrigation and weed control district or similar pest control district?

Are you either of the above? ^{*Select One}

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Yes No

Contact Information

Required Contacts

The following contacts are required for this application. Multiple roles may be selected per contact.

- Applicant (Responsible Party)
- Application Preparer
- Onsite or Operator Contact

Contact

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Mailing

Address

Address Line 2

City

State/Area

Postal Code

Contact Role(s) *Select All That Apply

- Applicant Application Preparer
- Agent Billing Contact
- Consultant Operator
- Onsite Contact Owner

Operator Type *Select One

- *This control is conditionally displayed based on answers provided in other parts of the form
- Federal government State government
 - Local government Mosquito control district (or similar)
 - Irrigation control district (or similar) Weed control district (or similar)

Are you a large entity as defined in Appendix C of the permit? *Select One

- *This control is conditionally displayed based on answers provided in other parts of the form
- Yes No

You are required to develop a Pesticide Discharge Management Plan (PDMP) and submit an Annual Report reflecting all pesticide uses for which you are requesting permit coverage under this NOI. Please fill out and attach the PDMP from the link below.

*This control is conditionally displayed based on answers provided in other parts of the form
[Pesticide Discharge Management Plan \(PDMP\) Template](#)

Pesticide Discharge Management Plan (PDMP) Attachment

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

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:
.7z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Confidential (Reason for Confidentiality)

Pesticide Management Areas

The contacts listed below are required in the Contact Information section. Please return to the previous section and select the role and fill out the contact details.

- Applicant (Responsible Party)
- Billing contact
- Onsite or Operator Contact

Instructions for Completing a Pesticide Notice of Intent (NOI)

Please click the link to find the form instructions at the end of the NOI.
[Pesticide PDF NOI Form](#)

Pesticide Management Area #

Pesticide Management Area Name

Pesticide Area Map

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

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.7z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Confidential (Reason for Confidentiality)

Pesticide Area Details

Identify the target pest(s) and explain why pest control is needed.

Describe Pest Management Measure(s) implemented before the first pesticide application.

Pesticide Applicator Contact Information

Prefix

First Name **Last Name**

Title

Organization Name

Phone Type **Only one phone number is accepted* **Number** **Extension**

Home

Mobile

Other

Business

Email

Fax

Address Line 1

Address Line 2

City **State/Area** **Postal Code**

Pesticide Use Patterns to be included in this Pest Management Area **Select All That Apply*

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

Pesticide Application Start Date

Pesticide Application End Date

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 (lbs)	Quantity (gallons)	Application Method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was visual monitoring conducted during pesticide application and/or post-application? **Select One*

- Yes No

Describe, why not.

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Were any adverse effects identified during visual monitoring? **Select One*

- Yes No

If yes, describe.

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Receiving Waters

