

# 2300A Annual Report Form

## NPDES Pesticide General Permit

### PERMIT AND REPORT INFORMATION

Provide the following permit and report information. First column indicates the applicable permit condition.

|            |                                       |  |
|------------|---------------------------------------|--|
| B.10.e.ii  | DEQ file number:                      |  |
| B.10.e.iii | Reporting Period:<br>Start (mm/dd/yy) |  |
| B.10.e.iii | Reporting Period:<br>End (mm/dd/yy)   |  |
| B.10.e.i.  | Operator's name:                      |  |

### PERMIT CONTACT INFORMATION

Provide the following information for the permit contact person.

|            |                                 |  |
|------------|---------------------------------|--|
| B.10.e.iv. | Contact person name:            |  |
|            | Contact person title:           |  |
|            | Contact person mailing address: |  |
|            | Contact person email address:   |  |
|            | Contact person phone number:    |  |

### PEST TREATMENT AREA INFORMATION

Provide the following information for pesticides applied in each pest treatment area.

|            |   |   |  |  |
|------------|---|---|--|--|
| B.10.e.v.1 | Did a pesticide application occur this year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
|            | Size of treatment area:<br>(acres or linear miles)  |   |  |  |
|            | Where was the pesticide applied?<br>Provide name or location of water(s) or<br>identify treatment area that includes water: |   |  |  |
| B.10.e.v.2 | Type of pest control:<br>(Check one)  | <input type="checkbox"/> Mosquito and other flying insect pest control<br><input type="checkbox"/> Weed and algae control<br><input type="checkbox"/> Nuisance animal control<br><input type="checkbox"/> Forest canopy pest control<br><input type="checkbox"/> Area-wide pest control |  |  |
|            | Target Pest(s)<br>(Space provided to list up to three)  |   |  |  |
| B.10.e.v.4 | EPA Registration #<br>of each pesticide product   |   |  |  |
|            | Application Method<br>(e.g. fixed-wing or rotary aircraft, broadcast<br>spray, etc.)  |   |  |  |
|            | Annual Application Amount<br>(e.g. gals, lbs.)  |   |  |  |
| B.10.e.v.5 | In Pesticide Discharge Management Plan<br>prior to application?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## PESTICIDE APPLICATOR INFORMATION

Provide the following information for each pesticide applicator that applied pesticide in this treatment area.

|            |   |  |
|------------|---|--|
| B.10.e.v.3 | Did the registrant apply the pesticide?<br>If No, provide applicator information below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------|---|--|

|            |                             |  |
|------------|-----------------------------|--|
| B.10.e.v.3 | Applicator company name:    |  |
|            | Applicator name:            |  |
|            | Applicator mailing address: |  |
|            | Applicator email address:   |  |
|            | Applicator phone number:    |  |

## ADVERSE INCIDENT INFORMATION

Provide the following information regarding each adverse incident that occurred during the report period. Identification of adverse incidents must be consistent with the definition of adverse incidents in the permit.

Attach additional sheets as necessary.

|            |   |  |
|------------|---|--|
| B.10.e.vi. | Was an adverse incident observed?<br>See Schedule B.2. through 6 in permit. If Yes, provide more information below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            | Provide a brief description including area.   |  |
|            | Oregon Emergency Response Notified?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            | Date of report submitted to DEQ (mm\dd\yyyy)  |  |

## CORRECTIVE ACTION INFORMATION

Provide the following information regarding each corrective action during the report period (e.g. corrective action for adverse incident above, spill, discharge did not meet water quality standards, see Schedule A, condition 3 for examples).

|            |                               |  |
|------------|-------------------------------|--|
| B.10.e.vii | Describe Corrective Action.   |  |
|            | Reason for Corrective Action. |  |
|            | Modified PDMP?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## MODIFICATIONS TO PESTICIDE DISCHARGE MANAGEMENT PLAN - PDMP

Provide a brief description of changes (if applicable).

|             |   |  |
|-------------|---|--|
| B.10.e.viii | Changes to the PDMP?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             | Change due to Corrective Action?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             | Provide a brief description of changes (if applicable). |  |

## 2300A ANNUAL REPORT FORM

(Add additional pages as necessary)

### PEST TREATMENT AREA INFORMATION

Provide the following information for pesticides applied in each pest treatment area.

|            |  |   |  |  |
|------------|--|---|--|--|
| B.10.e.v.1 | Size of treatment area:<br>(acres or linear miles)   |   |  |  |
|            | Where was the pesticide applied?<br>Provide name or location of water(s) or<br>identify treatment area that includes<br>water: |   |  |  |
| B.10.e.v.2 | Type of pest control:<br>(Check one)   | <input type="checkbox"/> Mosquito and other flying insect pest control<br><input type="checkbox"/> Weed and algae control<br><input type="checkbox"/> Nuisance animal control<br><input type="checkbox"/> Forest canopy pest control<br><input type="checkbox"/> Area-wide pest control |  |  |
|            | Target Pest(s)<br>(Space provided to list up to three)   |   |  |  |
| B.10.e.v.4 | EPA Registration #<br>of each pesticide product  |   |  |  |
|            | Application Method<br>(e.g. fixed-wing or rotary aircraft,<br>broadcast spray, etc.)   |   |  |  |
|            | Annual Application Amount<br>(e.g. gals, lbs)  |   |  |  |
| B.10.e.v.5 | In PDMP prior to application?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### PESTICIDE APPLICATOR INFORMATION

Provide the following information for each pesticide applicator that applied pesticide in this treatment area.

|            |   |  |
|------------|---|--|
| B.10.e.v.3 | Did the registrant apply the pesticide?<br>If No, provide applicator information below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------|---|--|

|            |                             |  |
|------------|-----------------------------|--|
| B.10.e.v.3 | Applicator company name:    |  |
|            | Applicator name:            |  |
|            | Applicator mailing address: |  |
|            | Applicator email address:   |  |
|            | Applicator phone number:    |  |

### ADVERSE INCIDENT INFORMATION

Provide the following information regarding each adverse incident that occurred during the report period. Identification of adverse incidents must be consistent with the definition of adverse incidents in the permit.

Attach additional sheets as necessary.

|            |  |  |
|------------|--|--|
| B.10.e.vi. | Was an adverse incident observed?<br>See Schedule B.3. through 6 in permit. If Yes, provide more information<br>below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            | Provide a brief description including area.  |  |
|            | Oregon Emergency Response Notified?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            | Date of report submitted to DEQ (mm/dd/yyyy)   |  |

## CORRECTIVE ACTION INFORMATION

Provide the following information regarding each corrective action during the report period (e.g. corrective action for adverse incident above, spill, discharge did not meet water quality standards, see Schedule A, condition 3 for examples).

|            |                              |  |
|------------|------------------------------|--|
| B.10.e.vii | Describe Corrective Action.  |  |
|            | Reason for Corrective Action |  |
|            | Modified PDMP?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## MODIFICATIONS TO PESTICIDE DISCHARGE MANAGEMENT PLAN

Provide a brief description of changes to the PDMP.

|             |   |  |
|-------------|---|--|
| B.10.e.viii | Changes to the PDMP?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             | Change due to Corrective Action?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             | Provide a brief description of changes (if applicable). |  |

## Signature Requirement

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 fines and imprisonment for knowing violations.

Signature of Responsible Official:

Name and Title (please print):

Date of Signature:

Telephone:

Email address:

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