

**Appendix D Annual Report Template (25-PE)**

**ANNUAL REPORTING FORM FOR THE PESTICIDE GENERAL PERMIT (25-PE) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES**

This form is for an Operator who is a Decision-maker requires to create an annual report as described in Part III.F.7. The completed annual report must be kept on site.

**A. General Information – For pesticide activities in calendar year: \_\_\_\_\_**

- 1. NPDES Permit Tracking Number: \_\_\_\_\_
- 2. Operator Contact Information:
  - a. Contact Name: \_\_\_\_\_
  - b. Contact Title: \_\_\_\_\_
  - c. Street: \_\_\_\_\_
  - d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  - e. Telephone: \_\_\_\_\_
  - f. Email: \_\_\_\_\_

**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?**

- No adverse incidents were observed, or no corrective actions was taken. (Proceed to Section C)
- Yes, an adverse incident was observed and/or a corrective action was taken. (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 MDE to notify the Agency of the adverse incident, who the Operator spoke with at MDE and any instructions received:**

Date: \_\_\_\_\_ MDE person of contact: \_\_\_\_\_

Time: \_\_\_\_\_ Instructions received: \_\_\_\_\_

Date of submission of Thirty (30) Day Adverse Incident Written Report: \_\_\_\_\_

**5. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(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 ## \_\_\_\_\_

**1. Have any discharges from pest control activities occurred in this calendar year?**

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.

Yes. Proceed to question 2.

For each treatment area (use additional pages for each treatment area):

**2. Indicate the pesticide use pattern for the treatment area:**

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Mosquito and Other Flying Insect Pest Control | Target Pest: _____ |
| <input type="checkbox"/> Weed and Algae Pest Control                   | _____              |
| <input type="checkbox"/> Animal Pest Control                           | _____              |
| <input type="checkbox"/> Forest Canopy Pest Control                    | _____              |

**3. Description of Treatment Area**

a. Attach a map to this form, and describe the treatment area location within this Pest Management Area:  
\_\_\_\_\_  
\_\_\_\_\_

b. Size of treatment area in acres: \_\_\_\_\_

c. Name and location of any Waters of this State to which discharges occurred: \_\_\_\_\_  
\_\_\_\_\_

d. Have any pesticide application activities resulted in a discharge to Waters of this State containing NMFS Listed Desirable Species as defined in Appendix A of the permit?  Yes  No

If yes, list dates of any discharges: \_\_\_\_\_

**1. Name and contact information of pesticide Applicator(s):**

(or check here if same contact info as provided in Section A)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

2. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before product application?  Yes  No  Not Applicable

3. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Pesticide Registration Number, and by application method. Circle if quantity indicated is in lbs or gallons. Use additional pages if necessary.

a) Product Name: \_\_\_\_\_

EPA Pesticide Registration Number: \_\_\_\_\_

b) Product Name: \_\_\_\_\_

EPA Pesticide Registration Number: \_\_\_\_\_

a) Application method:

- \_\_\_\_ lbs or gal Aerially by fixed wing
- \_\_\_\_ lbs or gal Aerially by rotary aircraft
- \_\_\_\_ lbs or gal Land-based sprayer (includes backpack, vehicle mounted, or high-pressure canopy sprayer)
- \_\_\_\_ lbs or gal Aquatic vehicle mounted sprayer
- \_\_\_\_ lbs or gal Direct mixture (includes metering, subsurface applications)
- \_\_\_\_ lbs or gal Chemigation
- \_\_\_\_ lbs or gal Other (specify): \_\_\_\_\_

b) Application method:

- \_\_\_\_ lbs or gal Aerially by fixed wing
- \_\_\_\_ lbs or gal Aerially by rotary aircraft
- \_\_\_\_ lbs or gal Land-based sprayer (includes backpack, vehicle mounted, or high-pressure canopy sprayer)
- \_\_\_\_ lbs or gal Aquatic vehicle mounted sprayer
- \_\_\_\_ lbs or gal Direct mixture (includes metering, subsurface applications)
- \_\_\_\_ lbs or gal Chemigation
- \_\_\_\_ lbs or gal Other (specify): \_\_\_\_\_

**D. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of 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 a fine and imprisonment of knowing violations.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier):**

Preparer Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Instructions for Completing the Annual Reporting Form for the Pesticide General Permit (25-PE) for Discharges from the Application of Pesticides**

### **Who Must Create an Annual Report?**

Any Operator who is a Decision-maker treating either category Forest Canopy or Flying Insects, required to submit a Notice of Intent (NOI) and is a large entity as defined in Appendix A of the permit and any Decision-maker treating either category Forest Canopy or Flying Insects, required to submit an NOI solely because of their application results in a discharge to Waters of this State containing Desirable Species (as defined in Appendix A), must create an annual report each calendar year (if you have reported an adverse incident). 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 III.F.7 of the permit.

### **When to Create an Annual Report?**

Any Operator required to create an annual report, you may either do so on the anniversary of your registration under the permit, or to coincide with your organization's calendar. However, the report must be generated at least annually.

### **Where to File the Annual Report?**

The Operator must prepare and keep the report available for the Department.

### **Completing the Annual Report Form**

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 your permit tracking number or Registration Number assigned by the Department. You can find the registration number assigned to you on your registration letter, or by searching on the Department's website search tool at "mes-mde.mde.state.md.us/WastewaterPermitPortal".
2. Provide the legal name of the person, firm, public organization or any other public entity who is the Decision-maker for the pesticide 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 this state.
3. Enter the address, telephone number, and fax number of the Operator.
4. Provide the full legal name, title and e-mail 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 III.E.4 of the permit. Use additional pages if there are multiple dates to be described.
4. Enter the date and time the Operator contacted the Department to notify the Agency of the adverse incident, pursuant to Part III.E.4.a.i of the permit. a. Indicate the date of the contact. b. Indicate the time of the contact. c. Indicate who the Operator spoke with at the Department. d. Indicate any instructions received from the Department.

5. Enter the date that the Thirty (30)-Day Adverse Incident Written Report was submitted, pursuant to Part III.E.4.b of the permit.
6. 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 treatment area (use additional pages for each treatment area).
3. Provide a description of the treatment area. a. Provide a map or 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 this State to which discharges occur. d. Provide a description of the target pest(s). e. Indicate whether any pesticide application activities resulted in a discharge to Waters of this State containing Desirable Species, as defined in Appendix A of the permit. If yes, provide approximate date(s) of the discharge.
4. Provide the company name(s), mailing address, a contact person, contact person's title, telephone number and e-mail address of 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 Pesticide Registration Number(s) and by application method. Circle whether the quantity applied is in pounds or gallons or briquettes, if applicable. Copy and attach additional pages, as necessary.

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 Part II.D of the permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, which means:

- (i) 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
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity 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 laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

*For a partnership or sole proprietorship:* by a general partner or the proprietor; or

*For a municipal, state, federal, or other public facility:* by either a principal executive or ranking elected official.

If the Annual Report was prepared by someone other than the certifier (for example, if the Annual Report was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the Annual Report preparer.