

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?
 a. **No** discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharges from pest control activities this year. Proceed to Section D.
 b. **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
 a. Mosquito and Other Flying Insect Pest Control b. Weed and Algae Pest Control c. Animal Pest Control d. Forest Canopy Pest Control

3. Describe the 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 State to which discharges occurred

 d. Target Pest(s)

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):
 Company Name

Street

City	State	Zip
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Contact Name

Title

Telephone (include area code)	Fax (include area code)
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E-Mail

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

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

Product Name _____	Product Name _____																																								
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<p>Application Method</p> <p>a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons</p> <p>b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons</p> <p>c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons</p> <p>d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons</p> <p>e. <input type="checkbox"/> Direct mixture (including metering, subsurface applications) _____ lbs or gallons</p> <p>f. <input type="checkbox"/> Chemigation _____ lbs or gallons</p> <p>g. <input type="checkbox"/> Other (specify) _____ lbs or gallons</p>	<p>Application Method</p> <p>a. <input type="checkbox"/> Aerially by fixed-wing _____ lbs or gallons</p> <p>b. <input type="checkbox"/> Aerially by rotary aircraft _____ lbs or gallons</p> <p>c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons</p> <p>d. <input type="checkbox"/> Aquatic vehicle mounted sprayer _____ lbs or gallons</p> <p>e. <input type="checkbox"/> Direct mixture (including metering, subsurface applications) _____ lbs or gallons</p> <p>f. <input type="checkbox"/> Chemigation _____ lbs or gallons</p> <p>g. <input type="checkbox"/> Other (specify) _____ lbs or gallons</p>																																								

D. CERTIFICATION

"I certify under penalty of law this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel gathered and evaluated the information submitted. Based upon my inquiry of the person(s) directly responsible for gathering the information, the information is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for willful violations."

Printed Name

Title

E-Mail

Signature/Responsible Official

Date

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

Preparer Name

Organization

Phone (include area code)

Date

E-Mail