



**COLORADO**  
 Department of Public  
 Health & Environment



Dedicated to protecting and improving the health and environment of the people of Colorado

**ANNUAL REPORT FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000**

**PHOTO COPIES, FAXED COPIES, PDF COPIES, or EMAILED COPIES WILL NOT BE ACCEPTED**

**NOTE: SUBMISSION OF THIS REPORT CONSTITUTES A RECORD OF COMPLIANCE FOR DISCHARGES MADE TO WATERS OF THE STATE ONLY.**

**EPA ADMINISTERS THE PESTICIDE GENERAL PERMIT FOR FEDERAL FACILITIES. CONTACT EPA FOR FURTHER INFORMATION REGARDING FEDERAL FACILITIES.**

Please print or type. Original signatures are required. Submission of this completed Annual Report constitutes notice that the Operator identified under item B.2 is authorized to discharge pollutants to surface waters of the state of Colorado. To certify compliance, all information required on this form must be completed. See instructions at the end of this form for completing the certification.

Year of report    \_\_\_ Jan- Dec 2014    \_\_\_ Jan- Dec 2015    \_\_\_ Jan- Dec 2016  
                                  \_\_\_ Jan- Dec 2017    \_\_\_ Jan- Dec 2018

Submit forms to:  
 Colorado Department of Public Health and Environment  
 Water Quality Control Division  
 4300 Cherry Creek Drive South    WQCD-P-B2  
 Denver, Colorado 80246-1530

**ANNUAL REPORT**

**A. Notice of Status**

1. Mark whether this is the first time you are certifying compliance under the Pesticide General Permit or if this is a change of information for a discharge already certified under the Pesticide General Permit. If this is a change of information, supply the Operator Name for the discharge.

- a.  First time Annual Report
- b.  Annual Report representing new information (e.g. reporting for a new discharge season)

Certification number \_\_\_\_\_  
 c.  Annual Report Change of Information:

Operator name \_\_\_\_\_

Please note: When selecting A.1.b above, please fill out Item number B.1 below (Decision-maker name and mailing address) and modify the pertinent fields of the Annual Report as necessary.

**B. Contact Information**

1. Legal Contact (Decision Maker)

Company Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

2. Is the Decision Maker for this Annual Report a Large Entity as defined in Appendix A of the permit?

- YES
- NO

Note that if you answered "Yes" to question B.2, you are required to develop a Pesticide Discharge Management Plan (PDMP) that reflects all pesticide uses for which you are requesting permit coverage.

**3. Operator (if different from Decision Maker)**

Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**4. Operator Type (check one):**

- State Govt       Local Govt
- Mosquito Control District (or similar)
- Irrigation Control District (or similar)
- Weed Control District (or similar)
- Other: \_\_\_\_\_

**5. Facility Contact       same as applicant**

Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Additional Operator Information if applicable:**

**6. Authorized Reporting Agent (DMR Cognizant Official)       same as applicant**  
 (i.e. person or position authorized to sign and certify reports required by the permit: DMR's, Annual Reports, Compliance Schedule submittals, etc., as requested by the division.)

Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**7. Billing Address and Contact       same as applicant**

(Note that as of February 2013, there is no fee associated with this permit, but the following information is being collected with the expectation that a fee structure will be created in the future and billing information will become necessary).

Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**C. ANNUAL REPORT REQUIRED SIGNATURE**

**Signature of Operator:** The Annual Report must be signed to be considered complete. In all cases, it shall be signed as follows:

- a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in this form originates.
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

**“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. 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 fine and imprisonment for knowing violations.”**

Certifier Name (printed) \_\_\_\_\_

Certifier Title \_\_\_\_\_

Certifier Email \_\_\_\_\_

Certifier Signature/Responsible Official: \_\_\_\_\_ Date Signed \_\_\_\_\_

CDPS ANNUAL REPORT FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000  
Complete and Attach Pages 4 and 4A for Each Pest Management Area

D. Pest Management Areas

Complete this section for each Pest Management Area for which Pesticide General Permit coverage is desired.

Pest management area, as defined in Appendix A of the permit, can be a large area (e.g., an entire town) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas

1. Pest Management Area Information: Area # \_\_\_\_\_ of ## \_\_\_\_\_ (e.g. 1 of 5), please attach additional pages as needed if you are certifying multiple areas.
2. Pest Management Area Name: \_\_\_\_\_  
Street Address, if applicable (or cross streets) \_\_\_\_\_  
City \_\_\_\_\_ CO, Zip Code \_\_\_\_\_  
County \_\_\_\_\_
3. Provide a map of the location of the Pest Management Area showing the treatment area within the Pest Management Area  
(Attach Map)
4. Size of Treatment Area \_\_\_\_\_ Acres or \_\_\_\_\_ Linear Feet
5. Contact Information for pesticide applicator  Same as operator listed in item 1 page 1 of application  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address \_\_\_\_\_

6. Pesticide Use Patterns to be included in this Pest Management Area (Check all that apply)

- Mosquito and other flying insect pest control
- Forest canopy pest control
- Animal pest control
- Weed and algae pest control

7. Receiving Waters as applies to Pest Management Area -Item 1 above (Check One)

- For all surface waters of the state
- For the following surface waters of the state

- For all surface waters of the state except for:

8. Outstanding Waters

Is coverage requested for discharges to outstanding water(s) of the state? YES  NO

If YES Name of Outstanding Water(s) \_\_\_\_\_

Provide rationale for determination that pesticide discharges are necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short term or temporary basis - attach additional pages as needed:

9. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to surface waters of the state if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a degradate of such an active ingredient. (Check one)

- Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient.
- Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

10. Pest Evaluation

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

\*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.\*

\*Please attach additional pages as necessary

11. Pesticide Application Start Date \_\_\_\_\_ End Date \_\_\_\_\_

12. Name of each pesticide product used, EPA Registration number and Quantity of pesticide applied (as packaged or as formulated). The total quantity of pesticide applied and the pesticide application end date must be completed as soon as possible but no later than 14 days after completion of pesticide application for this project.\*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)		Application method e.g., fixed wing aircraft, backpack sprayer
		lb	Gal	

\*Please attach additional pages as necessary

13. Visual monitoring was conducted during pesticide application and/or post application  YES  NO  
If no describe why not:

14. Were any adverse effects identified during visual monitoring?  YES  NO If yes, describe:

## Instructions Part 1

### Completing the Annual Report Form:

To complete this form, type or print in the appropriate areas. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above.

#### A. Notice of Status

1. **Status** Indicate if this is the first time you are requesting coverage under the permit for these discharges. Refer to Table 2 for report submittal deadlines and discharge authorization dates. If this is a change of information for a discharge where the Annual Report has already been submitted, supply the name of the Operator under which the Annual Report was submitted. For additional details regarding a change of information, see Table 3. Also fill out Item 1 of this form (Operator Name and Mailing Address) and the associated fields of information that need to be modified on the Annual Report.

#### B. Operator Information

1. Is the Operator a large entity as defined in Appendix A?
  - a. YES - (Note that a "Yes" here will require preparation of a Pesticide Discharge Management Plan reflecting uses for which you seek coverage).
  - b. NO - (Note that a "No" answer does not necessarily exempt you from submitting a Annual Report as you may need to submit if thresholds are exceeded. Please see Table 7-2. If you do not meet the threshold for submittal of an Annual Report, you are requested to complete and retain this application for at least 3 years from the date that coverage is granted under the permit or until the permit expires or is terminated.
2. Provide the legal name of the person, firm, public organization or any other public entity that is the Decision-maker for the pesticides applications described in this notice. 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 the State.
3. Indicate the type of Operator: federal government, state government, local government, mosquito control district (or similar), irrigation control district (or similar), weed control district (or similar), or other. If other, provide brief description of type of Operator in the space provided  
**Additional Operator information, if applicable:**
4. Provide the Facility mailing address, telephone number(s) and email address.
5. Provide the Authorized Reporting Agent (DMR Cognizant Official) contact information
6. Provide the Billing contact and address. (Note that there is currently no fee associated with this permitting action but an expectation exists that a fee structure will be developed in the future and billing information will be necessary at that time.)

#### C. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the permit. (CAUTION: An unsigned or undated form will not be accepted.)

**Signature of Operator:** The Annual Report must be signed by the Decision-maker to be considered complete.

In all cases, it shall be signed as follows:

- a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in the application originates.
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

#### D. Pest Management Area: Information for each Pest Management Area for which coverage under the State's Pesticide General Permit is desired.

- 1) Indicate whether you are submitting an Annual Report for multiple pest management areas.

A pest management area is the area of land, including any water, for which you have responsibility and are authorized to conduct pest management activities as covered by this permit (e.g., if you are a mosquito control district, your pest management area is the total area of the district). You must complete the Pest Management Area information page for each pest management area. If you are submitting an Annual Report for only one area, enter "1" of "1." If you are submitting Annual Reports for multiple pest management areas, enter the number "X" of "XX" (the specific number of the area of the total number of pest management areas for which you are requesting coverage).
- 2) Enter the name of the pest management area.
- 3) Attach a map of the pest management area or describe the location of the pest management area in the space provided.
- 4) Enter the size of the treatment area in acres or linear feet
- 5) Enter the mailing address of the contact person for the pest management area.

If this address is the same as the Decision-maker's mailing address, indicate that by checking the box.  
If it is a different address, enter the mailing address, telephone number, fax number (optional), contact name, and e-mail address.
- 6) Indicate the pesticide use patterns for the pest management area for which the Annual Report is required.

For additional information regarding pesticide use patterns, see Part 1.1.1 of the permit.  
Check all the use patterns that apply to the pest management area.

## INSTRUCTIONS Part 1

- 7) Receiving Waters
  - Indicate if permit coverage is being requested for all Waters of the State within the pest management area or if permit coverage is being requested to specific Waters of the State within the pest management area.
  - If specific waters are being requested, write the names of the waterbodies.
  - If permit coverage is being requested for all waters of the State within the pest management area except for specific waterbodies, name those specific waterbodies in the space provided.
  - EPA's Water Locator Tool can help you identify the closest receiving water to your facility  
<http://cfpub.epa.gov/npdes/stormwater/tmdltool.cfm>.
- 8) Outstanding Waters
  - Indicate if permit coverage is being requested to discharge to an Outstanding Water of the State. If yes, write the name(s) of the Outstanding water(s) in the space provided. Describe and demonstrate why it is necessary to apply the pesticide, (e.g. to protect the water quality, environment, and/or public health) and detail why said discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis.
- 9) Water Quality Impaired Waters
  - Verify that waters within the pest management area are either not impaired by substances which are either active ingredients in the pesticide planned for use, or degradates of such active ingredients; OR that evidence shows that the target waters in question are no longer impaired. See Part 1.1.2.1 of the permit for more information on discharges to Water Quality Impaired Waters.
- 10) Pest Evaluation
  - a. Identify the target pest(s) and provide a brief description of why pest control is needed.
  - a. Provide a brief description of any Pest Management Measure(s) implemented before pesticide application. For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.
- 11) Pesticide Application Start and End Dates
- 12) Name of each pesticide product used, EPA Registration number and Quantity of pesticide applied (as packaged or as formulated)
  1. Provide the company name and contact information of the pesticide applicator.
  2. Enter the date that the pesticide application began and ended.
  3. Enter the trade name or active ingredient of each pesticide product used including the EPA Registration Number, the quantity of pesticide applied, and the method used to apply the pesticide (e.g., fixed wing aircraft, backpack sprayer).
- 13) Indicate if visual monitoring was conducted during the pesticide application and/or post-application. If visual monitoring was not performed, provide a brief description of why visual monitoring was not conducted.
- 14) Indicate if there were any adverse effects identified during visual monitoring. Provide a brief description of effects seen.

## INSTRUCTIONS Part 2

### Who Must File a ANNUAL REPORT with the Division?

Any Operator meeting the eligibility requirements identified in Part 1.1 of the permit and Table 1 below must submit a complete an Annual Report. As required in the permit, only certain Operators that are also Decision-makers must submit Annual Reports.

**Table 1. Decision-Makers Required to Submit Annual Reports**

Permit Part/ Pesticide Use	Which Decision-Makers Must Submit Annual Reports?	For Which Pesticide Application Activities?
All four use patterns identified	Any Decision-maker with an eligible discharge to an Outstanding Water consistent with Part 1.1.2.2	Activities resulting in a discharge to an Outstanding Water
1.1.1(a) - Mosquito and Other Flying Insect Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the State agency is responsible for pest control
	Mosquito control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Adulticide treatment if more than 6,400 acres during a calendar year
1.1.1(b) - Weed and Algae Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Irrigation and weed control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
1.1.1(c) - Animal Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
1.1.1.(d) - Forest Canopy Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment if more than 6,400 acres during a calendar year

**If you have questions about whether you need to file a Annual Report or about completing this form, Contact the Division at 303-692-3517.**

One Annual Report can be submitted for multiple pest management areas for which you are seeking permit coverage.

#### When to File the Annual Report Form:

Do not file your Annual Report until you have obtained and thoroughly read a copy of the permit. A copy of the permit is on the Division's website [www.coloradowaterpermits.com](http://www.coloradowaterpermits.com). The permit describes procedures to ensure your eligibility, prepare your Pesticide Discharge Management Plan (PDMP), and complete the Annual Report form questions—all of which must be done before you sign the certification statement on page 2 attesting to the accuracy and completeness of your Annual Report. You will also need a copy of the permit once you have obtained coverage so that you can comply with the implementation requirements of the permit. Note: The PDMP is not required for any application made in response to a Declared Pest Emergency Situation, as defined in Appendix A of the permit. Annual Reports are due to the Division on the first of February each calendar year, and cover discharges made over the course of the previous calendar year.

**All eligible discharges are authorized for permit coverage. For any discharges after January 12, 2012, Decision-makers meeting the eligibility requirements identified in the Part 1.1 of the permit and Table 1 must submit a complete and accurate Annual Report according to Tables 2, and 3 and consistent with the requirements of the Part 1.2 of the permit.**

**INSTRUCTIONS Part 2**

**Table 2. Annual Report Submittal Deadlines and Discharge Authorization Dates for Discharges from the Application of Pesticides**

Operator Type	Annual Report Submission Deadline	Discharges Authorization Date <sup>1</sup>
Any Decision-maker with a response to a Declared Pest Emergency which triggers a Annual Report requirement	At least 30 days after beginning the discharges	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation.
Any Decision-maker that exceeds any annual treatment threshold	February 1 of every calendar year, covering applications made in the previous calendar year.	Immediately
Any Decision-maker otherwise required to submit a Annual Report as identified in Table 1.	February 1 of every calendar year, covering applications made in the previous calendar year.	Immediately

<sup>1</sup> On the basis of a review of an Annual Report or other information, the State may delay authorization to discharge beyond any timeframe identified in Table 2, determine that additional technology-based and/or water quality-based effluent limitations or other conditions are necessary, or deny coverage under this permit and require submission of an application for an individual CDPS permit, as detailed in Part 1.3 of the permit.

**TO CHANGE INFORMATION:**

Dischargers are required to provide to the division, information as it relates to changes in pest management areas and in contact information.

- To change contact information:
  - **Use the Change of Contact Form on the division website: [coloradowaterpermits.com](http://coloradowaterpermits.com).**
- To add new pest management areas
  - Submit additional pages 4 and 4A of this document.
- Revised Annual Report is REQUIRED when:
  1. New pest management area is added
  2. New contact information is added
  3. Discharges to Outstanding Waters not identified in any previous annual report are added
  4. Declared Pest Emergency Situations require revised Annual Reports no later than 30 days after the beginning of the discharge to control the emergency situation.  
Reports should detail the emergency situation and results of efforts to control the target pest.

**To File the Annual Report Form:**

Colorado Department of Public Health and Environment  
 Water Quality Control Division  
 4300 Cherry Creek Drive South WQCD-P-B2  
 Denver, Colorado 80246-1530