



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER RESOURCES DIVISION

ANNUAL REPORT FORM FOR UTILITY RIGHT-of-WAY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
PESTICIDE GENERAL PERMIT – Nuisance Plant and Algae Control

Instructions:

The completion of this form meets the requirements of Part I, Section D.2 Annual Report for Large Entities. It must be completed and postmarked by November 30th of each year for the duration of coverage under the permit. **NOTE: The Department will accept supporting documents that fulfill the conditions of this reporting requirement, the appropriate portions of such documents shall be attached and submitted with this report form.** If you maintained permit coverage but did not apply pesticides in the previous year, please complete the first page of this form, check "No Discharge" at the bottom of page 1, and sign on page 2. If you applied pesticide to more than two sites, please complete additional copies of page 2 and submit all pages together.

Submit by mail to

PERMITS SECTION
WATER RESOURCES DIVISION
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O. BOX 30458
LANSING, MI 48909-7958

Certificate of Coverage Number:

Section A. General Information

Permittee Information (Entity listed on Certificate of Coverage)			
Permittee Name:			
Address:	City:	State:	Zip Code:
Phone Number(s):	E-mail:	Fax:	

Contact Information (if different from Permittee)			
Contact name:			
Address:	City:	State:	Zip Code:
Phone Number(s):	E-mail:	Fax:	

Applicator (if different from Permittee)			
Applicator name:			
Address:	City:	State:	Zip Code:
Contact Name: (if different than applicator)			
Phone Number(s):	Fax:		
Email:			

NO DISCHARGE

If you maintained permit coverage but did not apply pesticides in the previous year, check "No Discharge", then skip to Section C., sign and submit the form. (If pesticide application occurred, please complete page 2).

No Pesticide Discharge

Section B. Pest Treatment Area Information

First Location

1. Identify any waterbody or treatment area, either by name or location, to which you discharged pesticides. (You may include a map to better describe the location, if you choose.)

Name/Location:	Size: (acres or linear miles)	ROW width (ft) if lin. miles:
Coordinates: (decimal degrees preferred)		

2. Summary of each pesticide product applied for the reporting year, listed by the U.S. Environmental Protection Agency (EPA) pesticide registration number (Amount of each pesticide applied to be kept and submitted to DEQ upon request):

Pesticide Registration Number	Application Rate (include units)	Application Method

Second Location

1. Identify any waterbody or treatment area, either by name or location, to which you discharged pesticides. (You may include a map to better describe the location, if you choose.)

Name/location:	Size: (acres or linear miles)	ROW width (ft) if lin. miles:
Coordinates: (decimal degrees preferred)		

2. Summary of each pesticide product applied for the reporting year, listed by the U.S. Environmental Protection Agency (EPA) pesticide registration number (Amount of each pesticide applied to be kept and submitted to DEQ upon request):

Pesticide Registration Number	Application Rate (include units)	Application Method

Section C. Additional Information:

- Was the pest control activity addressed in your Pesticide Discharge Management Plan (PDMP) prior to pesticide application? Yes No – explain: _____
- Attach a copy of any Adverse Incident Reports submitted to the Department in the previous calendar year.
- Attach a description of any corrective action(s) taken and the rationale for the corrective action(s)

Certification and Signature

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete."

_____	_____	_____
Submitter's Signature	Submitter's Name (print)	Date