

Michigan Department of Environmental Quality – Water Resources Division
PESTICIDE DISCHARGE EVALUATION WORKSHEET (PDEW)

PLEASE TYPE OR PRINT

This worksheet is for any Operator who is also a Permittee required to submit an Application for a Certificate of Coverage (COC) and is a small entity, as defined in Part II.A of the applicable Pesticide General Permit (PGP). The information on this worksheet must be retained for each pesticide application activity. INSTRUCTIONS FOR COMPLETING THIS WORKSHEET ARE LOCATED AT THE END OF THE DOCUMENT (Page 4).

PEST MANAGEMENT AREA NAME:		PEST MANAGEMENT AREA: # of ##		COC NUMBER:	
Permittee Name:		Telephone (with area code):		Cellular phone (with area code):	
Address:		City:		State:	Zip:
E-mail Address:			FAX (with area code):		
Worksheet Preparer Name (if different from the Permittee):				Telephone (with area code):	
<p>1. PESTICIDE USE PATTERN FOR THE PEST MANAGEMENT AREA:</p> <p> <input type="checkbox"/> Mosquito and Other Flying Insect <input type="checkbox"/> Nuisance Plant and Algae Control <input type="checkbox"/> Nuisance Animal Control and Fish Reclamation <input type="checkbox"/> Forest Canopy Pest Control </p>					
<p>2. TREATMENT AREA:</p> <p>For <u>each</u> treatment area provide the following information (use additional pages for each treatment area):</p> <p><i>(If other documents are relied upon to fulfill the conditions of this record keeping requirement, the appropriate portions of such documents shall be attached to the worksheet.)</i></p> <p>A. Description of the treatment area within this Pest Management Area, including location description: _____</p> <p>B. Size of treatment area (in acres or linear feet): _____</p> <p>C. Name or location of any waters of the State of Michigan to which discharges will occur: _____</p>					
<p>3. PEST EVALUATION:</p> <p>A. Identify the target pest(s) and explain why pest control was needed: _____</p> <p>B. Describe Pest Management Measure(s) implemented before the first pesticide application: _____</p>					

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4. APPLICATOR CONTACT INFORMATION:
 Complete this section if the applicator is different from the permittee. Include contact information for all applicators contracted to perform work under the Certificate of Coverage identified in this Pesticide Discharge Evaluation Worksheet. (Include additional pages if necessary.)

Applicator Name:	Telephone Number (with area code):	Cellular phone (with area code):	
Address:	City:	State:	Zip:
E-mail Address:		FAX (with area code):	
Applicator Name:	Telephone Number (with area code):	Cellular phone (with area code):	
Address:	City:	State:	Zip:
E-mail Address:		FAX (with area code):	

5. PESTICIDE INFORMATION:
 Attach additional pages if needed:

PRODUCT NAME	EPA NUMBER	QUANTITY USED (LBS. OR GALLONS)	APPLICATION METHOD

PESTICIDE APPLICATION START DATE:	PESTICIDE APPLICATION END DATE:
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A. Was visual monitoring conducted during pesticide application and/or post-application? Yes No:

If no, please explain why:

B. Any adverse effects identified during visual monitoring? Yes No

If yes, please describe:

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6. CERTIFICATION

Rule 323.2114(1-4), promulgated under the Michigan Act, requires that this Pesticide Discharge Evaluation Worksheet must be signed as follows:

- A. For an organization, company, corporation, or authority, by a principal executive officer, vice president, or higher**
- B. For a partnership, by a general partner**
- C. For a sole proprietor, by the proprietor**
- D. For a municipal, state, or other public facility, by a principal executive officer or ranking elected official (e.g., mayor, village president, city or village manager, or clerk)**

Note: If the signatory is not listed above, but is authorized to sign the Pesticide Discharge Evaluation Worksheet, please provide documentation of that authorization.

"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 fine and imprisonment for having knowledge of violations."

I understand that my signature constitutes a legal agreement to comply with the requirements of the NPDES Permit. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this Pesticide Discharge Evaluation worksheet.

Print Name _____ Title _____

Signature _____ Date _____

PREPARER'S NAME (IF DIFFERENT FROM CERTIFIER):

Print Name _____ Title _____

Signature _____ Date _____

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INSTRUCTIONS FOR COMPLETING THE PDEW

Any Operator, who is a Permittee required to submit an application and is a small entity as defined in Part II.A of an applicable General Permit may complete this Pesticide Discharge Evaluation Worksheet (PDEW) to meet the requirements of Part I.D.1 of the General Permit. Pest management area, as defined in Part II.A of the general permit, can be a large area (e.g., an entire state) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas and can include contiguous or non-contiguous sites. Operators required to retain the information contained on this worksheet must do so for each treatment area. For treatment areas with the same or similar pests, the Operator can use one worksheet to document pest management activities for those multiple treatment areas.

Before any pesticide application, any Operator using this form to meet its obligations under the PGP must complete this worksheet, except for the pesticide application end date and total quantity of pesticide applied, which must be completed as soon as possible but no later than 14 days after the first pesticide application. 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. Any Operator using this form to meet its obligations under the PGP must retain this worksheet for at least 3 years from the date of the noted activity. This worksheet must be available to the Department upon request.

Completing the PDEW

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions.

General Information

- Enter the Operator's full legal name.
- Enter the full legal name of the person completing the form, if different from the permittee.
- Section A 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).
- Enter the name of the Pest Management Area.

1. Pesticide Use Pattern

- Identify the pesticide use pattern(s) for the Pest Management Area.

2. Treatment Area Information

- For each treatment area, provide a brief description and location description of the treatment area within the Pest Management Area; size of the treatment area in acres or linear feet, and name or location of any waters of the State of Michigan to which discharges occur.

3. Pest Evaluation

- Identify the target pest(s) and provide a brief description of why pest control is needed.
- 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.

4. Applicator Contact Information

- Provide the company name and contact information of the pesticide applicator, if different from the permittee.

5. Pesticide Information

- Enter the date that the pesticide application began and ended.
- Enter the name 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).
- 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.
- Indicate if there were any adverse effects identified during visual monitoring. Provide a brief description of any adverse effects that were identified.

6. Certification

- The worksheet must be certified by signature of the permittee or a duly authorized representative.