



ANNUAL REPORT FORM

for the AZPDES

Pesticide General Permit

This form is for any Operator that is a Decision-maker required to submit an annual report (see Pesticide General Permit AZG2021-003, Section 8.5). For discharges to an impaired water or outstanding Arizona water, or authorization under a specific approval, the annual report must be submitted to ADEQ and received by the department no later than **February 21** for the previous calendar year. Please submit the annual report to:

Arizona Department of Environmental Quality
Surface Water Permits
1110 West Washington Street, Phoenix, Arizona 85007

AZPDES@AZDEQ.gov

A. GENERAL INFORMATION

Operator Name:

Project Name:	Authorization Number:
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Address:	City:	State:	Zip Code:
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Phone Number(s):	E-mail:
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Contact Name and Title (if different than Operator):

Address:	City:	State:	Zip Code:
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Phone Number(s):	E-mail:
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B. DISCHARGE INFORMATION

If you maintained permit coverage but did not apply pesticides (and had no adverse incidents or corrective actions) in the previous year, check "No Discharge," skip to Section E., and sign the Certification. Otherwise, please complete the remaining sections of the form.

No Discharge

C. ADVERSE INCIDENTS AND CORRECTIVE ACTION

1. Was an adverse incident observed and/or corrective actions taken for any Pest Treatment Area for which you have coverage under the permit?

No adverse incidents were observed and no corrective action was taken.

Yes, an adverse incident was observed and/or correct action was taken. Complete questions 2 – 5 for each Pest Treatment Area in which adverse incidents were observed or corrective actions were taken. Copy this section for additional submissions.

2. Pest Treatment Area:

3. Date and time of Adverse Incident:	4. Date of submission of Thirty-day Adverse Incident Report:
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5. Briefly describe corrective actions taken (You may attach a copy of the Thirty-day Adverse Incident Report):

D. PEST TREATMENT AREA (Add pages as necessary for each additional Pest Treatment Area)

First Location:

1. Identify any water body or other treatment area, either by name or location, to which you discharge pesticides (You may include a map to better describe the location).

Name/Location:

Size:

2. Pesticide use pattern(s) used at this location (Check all that apply):

<input type="checkbox"/> Mosquito and other flying insects	<input type="checkbox"/> Weeds and algae	<input type="checkbox"/> Animal pests	<input type="checkbox"/> Forest Canopy
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3. What were the target pests at this location:

4. Name and Title of pesticide Applicator:

Address:	City:	State:	Zip Code:
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Phone Number(s):	Phone Number(s):	E-mail:
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5. Total amount of each pesticide product applied for the reporting year by the EPA registration number(s) and by application method (e.g., aerially by fixed-wing or rotary aircraft, broadcast spray, etc.):

Pesticide Registration Number	Amount Applied (units)	Application Method

6. Was this pest control activity addressed in your Pesticide Development Management Plan (PDMP) prior to pesticide application? If no, please explain.

Second Location:

1. Identify any water body or other treatment area, either by name or location, to which you discharge pesticides (You may include a map to better describe the location).

Name/Location:

Size:

2. Pesticide use pattern(s) used at this location (Check all that apply):

Mosquito and other flying insects Weeds and algae Animal pests Forest Canopy

3. What were the target pests at this location:

4. Name and Title of pesticide Applicator:

Address:

City:

State:

Zip Code:

Phone Number(s):

E-mail:

5. Total amount of each pesticide product applied for the reporting year by the EPA registration number(s) and by application method (e.g., aerially by fixed-wing or rotary aircraft, broadcast spray, etc.):

Pesticide Registration Number	Amount Applied	Application Method

6. Was this pest control activity addressed in PDMP prior to pesticide application? If no, please explain.

E. CERTIFICATION

“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 gathered and evaluated the information submitted. Based on my inquiry or the person or persons who manage the system, or those persons directly responsible for gathering 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.”

Printed Name and Title:

Signature:

Date: