



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Pesticide Annual Report Form

NPDES Pesticide General Permit
National Pollutant Discharge Elimination System (NPDES) Program

Doc Type: Permitting Annual Report

Instructions: This form meets the requirements of Section 12 (Annual Reporting) of the Pesticide General Permit. It must be completed and postmarked by February 15 of each year for the duration of your coverage under the permit. 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 – you do not have to complete the Pest Treatment Area Information section. If pesticide application did occur, please be as specific as possible about the location when completing page 2. You may include a map if you choose. If you applied pesticides to more than two sites, please complete additional copies of page 2 and submit all pages together.

Submit form by mailing or faxing this form to the Minnesota Pollution Control Agency (MPCA) at the following address:

Minnesota Pollution Control Agency
Attn: Water Quality Submittals
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

Permittee Information (Entity listed on the Notice of Coverage)

Permittee name: _____ Permit number on Notice of Coverage: _____
Permittee address: _____
City: _____ State: _____ Zip code: _____

Contact Information

Contact name: _____
Contact address: _____
City: _____ State: _____ Zip code: _____
Phone(s): _____ Fax: _____
E-mail: _____

For-hire Applicator (Complete if different from the Notice of Intent (NOI) submitter above)

Applicator name: _____
Applicator address: _____
City: _____ State: _____ Zip code: _____
Contact name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone(s): _____ Fax: _____
E-mail: _____ MDA pesticide applicator license number: _____
Minnesota Department of Agriculture (MDA)

No Discharge

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

☐ No Discharge

Pest Treatment Area Information

First location

1. Identify any water body or other 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: _____

Latitude (decimal degrees preferred): _____ °N _____ °W

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

☐ Mosquito and other flying insects ☐ Aquatic weeds and algae ☐ Aquatic nuisance animals ☐ Forest canopy

3. What were the target pest(s) at this location:

4. Total amount of each pesticide product applied for the reporting year, listed by the U.S. Environmental Protection Agency (EPA) pesticide registration number:

Pesticide Registration Number	Amount applied (include units)	Application method (e.g., aurally by fixed-wing or rotary aircraft, broadcast spray, etc.)

Second location

1. Identify any water body or other 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: _____

Latitude (decimal degrees preferred): _____ N° _____ W°

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

☐ Mosquito and other flying insects ☐ Aquatic weeds and algae ☐ Aquatic nuisance animals ☐ Forest canopy

3. What were the target pest(s) at this location:

4. Total amount of each pesticide product applied for the reporting year, listed by the U.S. Environmental Protection Agency (EPA) pesticide registration number:

Pesticide Registration Number	Amount applied (include units)	Application method (e.g., aurally by fixed-wing or rotary aircraft, broadcast spray, etc.)

Additional information

5. Was this pest-control activity addressed in your Pesticide Discharge Management Plan (PDMP) prior to pesticide application? ☐ Yes ☐ No
6. Attach a copy of any Adverse Incident Reports submitted in the previous calendar year, as described in the Adverse Incident Documentation and Reporting section of the permit.
7. Attach a description of any corrective action(s) taken, including spill responses resulting from pesticide application activities, and the rationale for the corrective action(s).

Certification

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete, and accurate.

Permittee (please print): _____

Title: _____ Date: _____

Signature: _____

Contact (if different): _____

Title: _____ Date: _____

Signature: _____