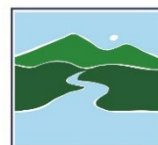


Pesticide Discharge Management Plan

under the 2022 Pesticide General Permit (PGP) for discharges to waters of the State of Vermont from the application of pesticides



VERMONT DEPARTMENT OF
ENVIRONMENTAL CONSERVATION

WATERSHED
MANAGEMENT DIVISION

Pest Management Area Name:

Pesticide Use Pattern(s):

Mosquito & Other Flying Insect Pest Control

Forest Canopy Pest Control

Weed & Algae Pest Control

Animal Pest Control

Town(s):

Operator(s):

Company or Organization Name:

Name or Job Title:

Address:

City, State, Zip Code:

Telephone Number:

Email:

PDMP Contact(s):

Company or Organization Name:

Name or Job Title:

Address:

City, State, Zip Code:

Telephone Number:

Email:

PDMP Preparation Date:

MM/DD/YYYY:

Pesticide Discharge Management Plan Template

Introduction

Any Operator who is required to submit a Notice of Intent (NOI), as required in the Pesticide General Permit (PGP) Part 1.2.2, must submit a Pesticide Discharge Management Plan (PDMP) by the time the Notice of Intent (NOI) is filed, with the following exception:

- Any application is made in response to a Declared Pest Emergency Situation.

To assist in the development a PDMP, the Vermont Department of Environmental Conservation (DEC) has created this electronic PDMP template. This template is designed to provide guidance through the PDMP development process and to help ensure it addresses all the necessary elements stated within the PGP. Incorporation, by reference, any procedures or plans in other documents that meet the requirements of the PGP is acceptable.

Using this Template

Each section of this template includes instructions and space for project information. Please read the instructions for each section before you complete that section. If additional space is required to complete a section, please provide additional pages citing the section the information is related to.

Tips for completing this Template:

- Multiple pest management areas and use pattern(s) may be described in the same PDMP.
- Pest management area(s) may be as large or small as necessary.
- Incorporate by reference any procedures or plans in other documents that meet the requirements of the permit. Attached a copy of any portions of any documents that you refer to in the PDMP.
- Consider adding permit citations in the PDMP when addressing a specific permit requirement.

In the event of a conflict between this template and any corresponding provision of the PGP, the permit is the final authority.

SECTION 1: Operator Information

Instructions (see PGP Part 1.0):

Describe the Pest Management Area(s) and identify the type(s) of Pesticide Use Patterns, Operator type, and if there will be a discharge to water quality impaired waters.

Note: An “Operator” is defined in Appendix A of the PGP to mean any entity associated with the application of pesticides which results in a discharge to waters of the State that meets either of the following two criteria:

- (i) any entity who performs the application of a pesticide or who has day-to-day control of the application (i.e., they are authorized to direct workers to carry out those activities); or
- (ii) any entity with control over the decision to perform pesticide applications including the ability to modify those decisions. As defined, more than one Operator may be responsible for complying with this permit for any single discharge from the application of pesticides.

A “Pest Management Area” is defined in Appendix A of the PGP to mean the area of land, including any water, for which an Operator has responsibility for and is authorized to conduct pest management activities as covered by the PGP permit (e.g., for an Operator who is a mosquito control district, the pest management area is the total area of the district). The Pest Management Area could include contiguous and non-continuous sites.

1. Provide a description of the Pest Management Area(s):

2. Identify the Pesticide Use Patterns for this Pest Management Area that trigger the requirement to develop a PDMP (check all that apply).
 - a. Mosquitoes and Other Flying Insect Pests
 - b. Weeds and Algae
 - c. Animal Pests
 - d. Forest Canopy Pests

3. Operator Type (check one):
 - a. State Government
 - b. Mosquito control district (or similar)
 - c. Other: If other, provide brief description of type of Operator:

SECTION 2: PDMP Team

Instructions (see PGP Part 6.1.1):

List the Operator, person/position title, or organization that prepared the PDMP and/or responsible for revising the PDMP, and the person or organization that will prepare and address corrective actions, adverse incident, and spills. Indicate respective responsibilities, where appropriate.

1. Operator: *Any entity with control over the decision to perform pesticide applications including the ability to modify those decisions.*

Company or Organization Name:
Name/Job Title:
Address:
City, State, Zip Code:
Telephone Number:
Email address:
Area of Control (if more than one Operator at site):

2. PDMP Contact: *Person(s) who should be contacted regarding PDMP questions.*

Company or Organization Name:
Name/Job Title:
Address:
City, State, Zip Code:
Telephone Number:
Email address:
Area of Control (if more than one Operator at site):

3. This PDMP was Prepared by: *Person(s) responsible for developing and revising the PDMP.*

Company or Organization Name:
Name/Job Title:
Address:
City, State, Zip Code:
Telephone Number:
Email address:
Area of Control (if more than one Operator at site):

4. Please include any additional team members and their responsibilities.

Team Member Name(s)/Job Title(s)	Individual Responsibilities

SECTION 3: Problem Identification

3.1 *Pest Problem Description*

Instructions (see PGP Part 6.1.2):

Describe the pest problem, including identification of the target pest(s), source of the pest problem, and source of data used to identify the problem in Parts 3.2.1, 3.2.2, 3.2.3, and 3.2.4 of the PGP.

Note: The response will be one or more paragraphs, depending on the nature and complexity of the project. The source of the pest problem may be unknown. DEC does not expect the Operator(s) to conduct long term studies to determine the source of the pest problem.

1. Provide a description of the pest problem at the pest management area:
 - a. Target Pest:
 - b. Source(s) of the pest problem (if applicable, identify known breeding sites for source reduction, larval control program, and habitat management):
 - c. Data source used to identify the problem in Parts 3.2.1-3.2.4. in the PGP:
 - d. Characterize the extent of the problem(s), including, for example, water use goals not attained (e.g., wildlife habitat, fisheries, vegetation, or recreation):

3.2 Action Threshold(s)

Instructions (see PGP Part 6.1.2):

Describe the action threshold(s) for pest(s) in the pest management area, including data used in developing the action threshold(s) and method(s) to determine when the action threshold(s) has been met.

Note: An action threshold is the point at which pest populations or environmental conditions necessitate that pest control action be taken based on economic, human health, aesthetic, or other effects. An action threshold may be based on current and/or past environmental factors that are or have been demonstrated to be conducive to pest emergence and/or growth, as well as past and/or current pest presence. Action thresholds are those conditions that indicate both the need for control actions and the proper timing of such actions.

1. Provide a description of the action threshold(s) (include additional supporting information as needed).
 - a. Target pest:
 - b. Pest management objective:
 - c. Action threshold(s):
 - d. Basis for the action threshold:
 - e. Method to determine when the action threshold has been met:

3.3 General Location Map

Instructions (see PGP Part 6.1.2):

Provide a general location map (e.g., U.S. Geological Survey (USGS) quadrangle map) that identifies the geographic boundaries of the area to which the plan applies and location of the waters of the State

To improve readability of the map, some detailed information may be kept as an attachment to the site map and pictures may be included as deemed appropriate.

Include a copy of the general location map for this facility as an attachment labeled **3.3 General Location Map**.

3.4 Water Quality Standards

Instructions (see PGP Part 6.1.2):

Document waters impaired for pesticide(s) or any degradates for which there may be a discharge.

Note: Operators are not eligible for coverage under the PGP for any discharges from a pesticide application to waters of the State if the water is identified as impaired by a substance which either is an active ingredient in that pesticide or is a degradate of such an active ingredient, per PGP Part 1.1.2.1.

Indicate the location of all waters, including wetlands, on the general location map.

Document any Outstanding Resource Waters and any water(s) impaired for a specific pesticide or any related degradates to which there may be a discharge.

Note: An Operator is not required to make a water quality standard (WQS) determination.

Vermont's Water Quality Standards are available at:

http://dec.vermont.gov/sites/dec/files/documents/wsmd_water_quality_standards_2016.pdf

If applicable, provide a summary of waters impaired for pesticides.

SECTION 4: Pest Management Options Evaluation

Instructions (see PGP Part 6.1.3):

Document your evaluation of the pest management options, including combination of the pest management options, to control the target pest(s) in the following sections:

- No Action
- Prevention
- Mechanical/Physical Methods
- Cultural Methods
- Biological Control Agents
- Pesticides

In your evaluation, you must consider the impact to water quality, impact to non-target organisms, feasibility, and cost effectiveness.

Note: All six pest management options may not be available for a specific use category and/or treatment area. However, the PDMP must include documentation of how the six pest management options were evaluated. The PGP does not require the use of the least toxic alternative or that non-pesticide methods be tried first. Combinations of various pest management options are frequently the most effective Pest Management Measures over the long term. The goal should be to emphasize long-term control rather than a temporary fix. "Pest Management Measure" is defined to be any practice used to meet the effluent limitations that comply with manufacturer specifications, industry standards and recommended industry practices related to the application of pesticides, relevant legal requirements and other provisions that a prudent Operator would implement to reduce and/or eliminate pesticide discharges to waters of the State.

1. Provide a description of the pest management options (include impact to water quality, impact to non-target organisms, feasibility, cost effectiveness and any relevant previous Pest Management Measures).
 - a. Target Pest:
 - b. No Action:
 - c. Prevention:
 - d. Mechanical/Physical Methods:

e. Cultural Methods:

f. Biological Control Agents:

g. Pesticides:

2. Provide a summary of Pest Management Measures that will be or are implemented to meet the effluent limitations in this permit that comply with manufacturer specifications, industry standards, and recommended industry practices related to the application of pesticides, relevant legal requirements, and other provisions that a prudent Operator would implement to reduce and/or eliminate pesticide discharges to waters of the State:

SECTION 5: Response Procedures

5.1 *Spill Response Procedures*

5.1.1 Spill Containment

Instructions (See PGP Part 6.1.4):

Document the procedure for expeditiously stopping, containing, and cleaning up leaks, spills, and other releases to Waters of the United States.

Employees who may cause, detect, or respond to a spill or leak must be trained in these procedures and have necessary spill response equipment available. If possible, one of these individuals should be a member of the PDMP team.

5.1.2 Spill Notification

Instructions (See PGP Part 6.1.4):

Document the procedure for notification of appropriate facility personnel, emergency response agencies, and regulatory agencies.

5.2 *Adverse Incident Response Procedures*

5.2.1 Responding to an Adverse Incident

Instructions (See PGP Part 6.1.4):

Document the procedures for responding to any adverse incident resulting from pesticide applications.

5.2.2 Notification of an Adverse Incident

Instructions (See PGP Part 6.1.4):

Document the procedures for notification of the adverse incident, both internal to the Operator's agency/organization and external. Contact information for state/federal permitting agency, nearest emergency medical facility, and nearest hazardous chemical responder must be in locations that are readily accessible and available.

SECTION 6: Signature Requirements

Instructions (see PGP Part 6.1.5):

The following certification statement must be signed and dated to certify that the PDMP is in accordance with the PGP Appendix B, Subsection B.11.

Note: This certification must be re-signed whenever necessary to address any of the triggering conditions for corrective action in Part 7.1 or when a change in pest control activities significantly changes the type or quantity of pollutants discharged.

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 of the person or persons who manage the application of pesticides, 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.

Name: _____	Title: _____
Signature: _____	Date: _____

Repeat as needed for multiple Operators at the site.

SECTION 7: PDMP Plan Modifications

Instructions (see PGP Part 6.2):

You must modify your PDMP whenever necessary to address any of the triggering conditions for corrective action in Part 7.1 or when a change in pest control activities significantly changes the type or quantity of pollutants discharged. Changes to your PDMP must be made before the next pesticide application that results in a discharge, if practicable, or if not, no later than 90 days after any change in pesticide application activities. The revised PDMP must be signed and dated in accordance with the PGP, Appendix B, Subsection B.11.

You should include significant changes in the activities or their timing on the project, changes in personnel, updates to site maps, and so on.

Document PDMP amendments as identified in Attachment B.

SECTION 8: PDMP Availability

Instructions (see PGP Part 6.3):

You must retain a copy of the current PDMP, along with all supporting maps and documents, at the address provided in Section B of the NOI. The PDMP and all supporting documents must be readily available, upon request, and copies of any of these documents provided, upon request, to EPA; a State, Territorial, Tribal, or local agency governing discharges or pesticide applications within their respective jurisdictions; and representatives of the U.S. Fish and Wildlife Service (USFWS). DEC may provide copies of your PDMP or other information related to this permit that is in its possession to members of the public.

Any Confidential Business Information (CBI), as defined in 40 CFR Part 2, may be withheld from the public provided that a claim of confidentiality is properly asserted and documented in accordance with 40 CFR Part 2; however, CBI must be submitted to DEC, if requested, and may not be withheld from those staff within EPA, FWS, and NMFS cleared for CBI review.

ATTACHMENTS

Attach the following documentation to the PDMP when necessary:

Attachment A – Corrective Action Log Template

Attachment B – PDMP Amendment Log Template

Attachment C – Subcontractor Certifications/Agreements Template

Attachment D – Delegation of Authority Template

Attachment E – Annual Reports and Other Record Keeping

Attachment A – Corrective Action Log Template

PGP NOI Authorization Number:

Date	Description of Problem	Corrective Action Needed	Date Action Taken/Responsible Person

Attachment B – PDMP Amendment Log Template

PGP NOI Authorization Number:

Amendment No.	Description of the Amendment	Date of Amendment	Amendment Prepared by [Name(s) and Title]

Attachment C – Subcontractor Certifications/Agreements Template

SUBCONTRACTOR CERTIFICATION PESTICIDE DISCHARGE MANAGEMENT PLAN

PGP NOI Authorization Number:

Operator(s):

As a subcontractor, you are required to comply with the PDMP for any work that you perform for the above designated project. Any person or group who violates any condition of the PDMP may be subject to substantial penalties or loss of contract. You are encouraged to advise each of your employees working on this project of the requirements of the PDMP. A copy of the PDMP is available for your review.

Each subcontractor engaged in pesticide activities in the pest management area that could impact Waters of the United States must be identified and sign the following certification statement:

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 knowing violations. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

This certification is hereby signed in reference to the above-named project:

Subcontractor Name:

Subcontractor Address:

Subcontractor Telephone Number:

Subcontractor Email:

Type of pesticide application service to be provided:

Signature:

Title:

Date:

Attachment D – Delegation of Authority Form Template

DELEGATION OF AUTHORITY

I, _____ (name), hereby designate the person or specifically described position below to be a duly authorized representative for the purpose of overseeing compliance with environmental requirements, including the PGP, for the _____ project. The designee is authorized to sign any reports, other documents required by the permit.

_____	(name of person or position)
_____	(company)
_____	(address)
_____	(city, state, zip)
_____	(phone)

By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Appendix B, Subsection B.11.A of PGP, and that the designee above meets the definition of a “duly authorized representative” as set forth in Appendix B, Subsection B.11.B.

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 of the person or persons who manage the pest management area, 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.

Name:

Company:

Title:

Signature:

Date:

Attachment E – Annual Reports and Other Record Keeping

The following is a list of records you should keep at your site and available for inspectors to review:

- Copies of Annual Reports
- Records as required in PGP Part 8.2

Please check your permit for additional details.

The Vermont Agency of Natural Resources operates its programs, services, and activities without discrimination on the basis of race, religion, creed, color, national origin (including language), ancestry, place of birth, disability, age, marital status, sex, sexual orientation, gender identity, or breastfeeding. We will not tolerate discrimination, intimidation, threats, coercion, or retaliation against any individual or group because they have exercised their rights protected by federal or state law. To file a discrimination complaint, for questions, free language services, or requests for reasonable accommodations, please contact ANR's Nondiscrimination Coordinator at ANR.CivilRights@vermont.gov or visit [ANR's online Notice of Nondiscrimination](#).

Questions or Complaints/Free Language Services | SERVICES LINGUISTIQUES GRATUITS | भाषासम्बन्धी निःशुल्क सेवाहरू | SERVICIOS GRATUITOS DE IDIOMAS | 免費語言服務 | BESPLATNE JEZIČKE USLUGE | БЕСПЛАТНЫЕ УСЛУГИ ПЕРЕВОДА | DỊCH VỤ NGÔN NGỮ MIỄN PHÍ | 無料通訳サービス | ነጻ የቋንቋ አገልግሎቶች | HUDUMA ZA MSAADA WA LUGHA BILA MALIPO | BESPLATNE JEZIČKE USLUGE | အခမဲ့ ဘာသာစကား ဝန်ဆောင်မှုများ | ADEEGYO LUUQADA AH OO BILAASH AH | خدمات لغة مجانية: anr.civilrights@vermont.gov or 802-636-7827.