PESTICIDE DISCHARGE MANAGEMENT PLAN (PDMP) TEMPLATE

The information indicated herein represents the minimum requirements for a complete PDMP. Please note: The use of this template, or another version that provides the same elements of information, is acceptable in meeting the PDMP submission requirements of the NPDES Pesticide General Permit.
A PDMP must be completed prior to submitting a Notice of Intent (NOI) for coverage under the General NPDES permit.
Please refer to Section D of NCG560000 for the specific requirements related to a PDMP for reviewing updating and modifying a PDMP, or incorporating by reference other documents in the PDMP. PDMP updates shall include revisions to information on actual pesticide applications after the application (dates of application, total amounts and rates of pesticide application) if they differ from the information included in the original PDMP.

2a. PDMP TEAM

1. Name of Operator Responsible Parties (see permit Section D, Part 2.a for details of responsible parties):
2. Name and Title of Authorized Person signing the PDMP:
3. Responsible Parties street address:
4. Responsible Parties mailing address:
5. Telephone number:
6. E-mail address:
7. Name of entity/ organization performing application:
8. Address:
   City: State: Zip:
9. Name of certified Applicator performing the application:
10. Certified Applicator Identification number:
11. Certified Applicator telephone and E-mail:
12. List the name, address, and role of any other individuals involved with the pesticide application, as indicated in Section D of the General NPDES permit.

2b. PEST MANAGEMENT AREA DESCRIPTION

In cases where the PDMP addresses multiple pest management areas or treatment areas under a single NOI, each pest management area or treatment area must be documented in the PDMP. Use additional sheets with all required information, as necessary.

1. Target Pest(s):
2. Waterbodies present in pest management area.
   a. Waterbody Type (Lake, Pond, Stream, wetland):
   b. Waterbody name (where known):
3. County:
4. Town:
5. USGS Quad:
6. Total waterbody size (acres or linear miles):
7. Location and total size of treatment area(s):

8. Delineate the following information on a map.
   The map can be hand drawn or can be copied from a published map sheet. It should be of adequate scale for all required information to be readily identifiable. If the pesticide discharge will occur in a large waterbody, i.e., one that cannot be shown easily on a single map drawing with sufficient scale, then an area should be depicted to enable an adequate indication of the location of the discharge relative to the surrounding area:
   The water body wherein the discharge will occur;
   The location of the target pest species;
   The treatment area(s), including location within waterbody.

2c. SCHEDULES AND PROCEDURES

i. Control Measures
   a. Describe procedures and maintenance activities, done to prevent spills
   b. Application Equipment: List and describe equipment to be used to apply the pesticide. Include the date of the last routine maintenance or servicing and the date last calibrated. Describe schedule and procedures for equipment maintenance.
   c. Pest Surveillance/Monitoring: Describe schedules and procedures of visual assessments for adverse incidents of the pest management area and treatment areas, including those conducted during any pesticide application, when considerations for safety allow, and during any post-application surveillance or efficacy check that is conducted by the operator, or under the operator's supervision or direction.
   d. Identification of the problem or impacts that the pest is causing.
   e. Describe any additional control measures that are currently being used, or have been used in the past to minimize the discharge of pesticides

ii. Actions necessary to minimize Discharges
   1) Spill response procedures, including:
      a) Procedures for expeditiously stopping containing and cleaning up leaks, spills, and other releases. Employees who may cause, detect, or respond to a spill or leak must be trained in these procedures and have necessary response equipment available. One of these individuals should be a member of your PDMP team.
      b) Procedures for notification of appropriate facility personnel, emergency response agencies, and regulatory agencies.
   2) Adverse incident response procedures – at a minimum you must have:
      a) Procedures for responding to any incident resulting from pesticide applications;
      b) Procedures for notification of the incident, both internal to your 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.
   3) Pesticide Monitoring Procedures – You must document procedures for monitoring consistent with the requirements in Section C of the permit including:
      a) The person (or position) responsible for conducting monitoring
      b) Procedures for documenting any observed impacts to non-target organisms resulting from your pesticide discharge.
   4) Include any additional assessment(s) required in the Certificate of Coverage for innovative and research technology.

2d. SIGNATORY
In accordance with Penal Law §210.45, I certify under penalty of perjury that information on this plan is true to the best of my knowledge and belief.

Signature of Operator:

Title:

Date:

Date plan last updated/reviewed:

Signatory has read and understand the permit and application:

3. PESTICIDE DISCHARGE MANAGEMENT PLAN MODIFICATIONS
You must modify your PDMP whenever necessary to address any of the triggering conditions for corrective action 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, as soon as possible thereafter. The revised PDMP must be signed and dated in accordance with Appendix B, Subsection B.11. You must review your PDMP at a minimum once per calendar year and whenever necessary to update the pest problem identified and pest management strategies evaluated for your pest management area.

Mail this PESTICIDE DISCHARGE MANAGEMENT PLAN (PDMP) to:

NCDEQ / DWR / NPDES
Compliance and Expedited Permitting Unit
Attn: Caroline Robinson, Supervisor
1617 Mail Service Center
Raleigh, North Carolina 27699-1617