



Oregon Department of Environmental Quality

Application for 2300A

NPDES Pesticide General Permit

(See pages 5 - 7 for detailed instructions)

For DEQ Use Only

App #:

File #:

DOC Conf:

Notes:

A. Operator Information

| | | | | | | |
|----|---|---------|-------|-------------------------|---------|--------|
| 1. | Legal name of operator: | | | | | |
| 2. | Is the operator the owner of the site where the pesticide application will occur? | | | | Yes | No |
| 3. | Legal Status of operator: | Federal | State | Public | Private | Other: |
| 4. | Name of owner (if different from operator): | | | | | |
| 5. | NAICS code of operator: | | | | | |
| 6. | Are you registered under the 2300A? | Yes | No | If yes, enter File No.: | | |

B. Contact Information

| | | | | | | |
|--------------------------|--|--|--------|-----------|-------------------------------|--|
| 1. Responsible Official: | | | | | | |
| Name: | | | | | | |
| Email: | | | | Phone: | | |
| Mailing Address: | | | | | | |
| City: | | | State: | Zip code: | County: | |
| 2. Facility Contact: | | | | | Same as responsible official: | |
| Name: | | | | | | |
| Email: | | | | Phone: | | |
| Mailing Address: | | | | | | |
| City: | | | State: | Zip code: | County: | |

| | | | | | |
|-----------------------|--|--------|-------------------------------|---------|--|
| 3. Invoicing Contact: | | | Same as responsible official: | | |
| Name: | | | | | |
| Email: | | | | Phone: | |
| Mailing Address: | | | | | |
| City: | | State: | Zip code: | County: | |

| C. Type of Pest Control (check all that apply) | |
|---|---|
| <input type="checkbox"/> | Mosquito and other flying insects |
| <input type="checkbox"/> | Weed and algae* |
| <input type="checkbox"/> | Nuisance animals |
| <input type="checkbox"/> | Forest canopy pest |
| <input type="checkbox"/> | Area-wide (include a brief description of type of treatment area and type of pest): |
| | |

* Note: Pesticide applications for weed and algae control approved and regulated under the 2000-J irrigation district general permit are not included in this category.

| D. Location Information | | |
|--------------------------------|--|---------|
| 1. | Description of the pest management area, e.g., the boundaries of the jurisdiction or area of responsibility or location address: (attach additional pages, if necessary) | |
| | | |
| City: | Zip Code: | County: |

| | |
|----|---|
| 2. | Attach a map of the pest management area that shows streams, lakes and waterways |
| 3. | Attach a vicinity map with the pest management area as an inset. |
| 4. | Check the box to indicate that pesticide applications will not discharge to Oregon's Outstanding Resource Waters. |
| 5. | The pesticide application is for /or may discharge to the following receiving waters. (check one. Attach additional pages if necessary.): |
| | All waters within the location identified above. |
| | All waters within the location identified above except the following waters. |
| | Specifically, the following waters. |

E. Pesticide Discharge Management Plan

Check one of the following as it applies to the development of the pesticide discharge management plan (PDMP):

Note: An alternative method of pest control or pesticide must be used so that a discharge will not occur to any stream segment listed as water quality limited, 303(d) list, for that pesticide or its degradates.

| | |
|--|---|
| | The PDMP is complete |
| | The PDMP will be developed prior to the pesticide application that will cause the annual treatment area threshold to be exceeded. |
| | The PDMP will be developed no later than 90 days after responding to the declared pest emergency. |

F. Signature of Legally Authorized Representative

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. In addition, I agree to pay all permit fees required by Oregon Administrative rules 340-045. This includes a new application fees to obtain the permit and a compliance determination fee invoiced annually by DEQ to maintain the permit.

| | |
|---|---------------|
| | |
| Name of Legally Authorized Representative (Typed or Print) | Title: |
| | |
| Signature of Legally Authorized Representative. | Date |

DEQ permit fees: send check or money order payable to DEQ with signed application.

Permit application fees are published in OAR 340-045-0075.

Available online at: <https://www.oregon.gov/deq/wq/Documents/OAR340-045-0075.pdf>

Send this form and fee to the regional office. Please reference the current fee table to determine the appropriate fees for your permit. Make your check payable to the Department of Environmental Quality.

Send completed application and permit fees to appropriate regional office:

| DEQ Northwest Region | DEQ Western Region | DEQ Eastern Region |
|---|--|---|
| 700 NE Multnomah St, Suite 600 Portland OR 97232 503-229-5696 or 800-452-4011 | 4026 Fairview Industrial Dr. SE Salem, OR 97302 503-378-8240 or 800-349-7677 | 800 SE Emigrant Ave, Suite 330 Pendleton, OR 97801 541-276-4063 or 800-452-4011 |

Alternate formats

DEQ can provide documents in an alternate format or in a language other than English upon request. Call DEQ at 800-452-4011 or email deqinfo@deq.oregon.gov.

Please answer all questions. An incomplete application will not be processed.

If the information requested is not applicable, please indicate as such.

A. Operator Information

1. Enter the legal name of the operator. The permit will be issued to this entity. This is the person, owner, business, public organization, or other entity that has operational control over the decision to perform a pesticide application or has the day-to-day operational control of activities that are necessary to ensure compliance with the permit. This must be the **legal** Oregon name (e.g., Acme Products, Inc.) or the legal representative of the company if it operates under an assumed business name (e.g., John Smith, dba Acme Products, Inc.). The name must be a legal active name registered with the Oregon Department of Commerce, Corporation Division (503-378-4752), unless otherwise exempted by their regulations.
2. Indicate if the operator is the owner of the facility.
3. Provide the legal status of the operator. Indicate "public" for a facility solely owned by local government.
4. Enter the legal name of the owner, if different from the legal name of the operator.
5. Enter the North American Industry Classification system (NAICS) for the facility. These codes are used to describe the primary activity at the facility and may be found on fire marshal reports, insurance papers, or tax forms. NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <https://www.naics.com/search/>.
6. Indicate if operator was previously registered under the 2300A permit. If yes, enter the file number.

B. Contact Information

1. Enter the name, email address, telephone number, and mailing address of the Responsible Official. The Responsible Official is the person that receives official correspondence from DEQ, such as renewal notices or notices of noncompliance, and may be contacted if there are questions about this application.
2. Enter the name, email address, telephone, and mailing address of the Facility Contact *if different from the Responsible Official*. The Facility Contact is the person located at the facility that has specific knowledge of the facility or operation under permit (e.g., project manager), and may be contacted if there are specific questions about this application.
3. Enter invoicing information for billing purposes *if different from the Responsible Official* (e.g., "Invoice to: Business Office - Accounts Payable").

C. Type of Pest Control

1. Mosquito and other flying insect pest control for the protection of public health and prevention of nuisance. Coverage extends to mosquitoes and black flies or other flying pests that develop or are present during a portion of their life cycle in or above standing or flowing water.
2. Weed and algae control for invasive or other nuisance weeds, algae and pathogens such as fungi and bacteria in water and at the water's edge. The term "in water" includes, but is not limited to applications made to creeks, rivers, lakes, riparian areas, wetlands, and other seasonally wet areas when water is present. The term "water's edge" means within 3 feet of waters of the state and conveyances with a hydrologic surface connection to waters of the state at the time of pesticide application. The three-foot distance is measured horizontally landward from the ordinary high water line of the

waterbody. (Note: Pesticide applications for weed and algae control approved and regulated under the 2000J irrigation district general permit are not included in this category.)

3. Nuisance Animal Control for invasive or other nuisance animals and pathogens in water and at the water's edge. Coverage extends, but is not limited to fish, mollusks, fungi and bacteria. The term "in water" includes, but is not limited to applications made to creeks, rivers, lakes, riparian areas, wetlands, and other seasonally wet areas when water is present. The term "water's edge" means within 3 feet of waters of the state and conveyances with a hydrologic surface connection to waters of the state at the time of pesticide application. The three-foot distance is measured horizontally landward from the ordinary high water line of the waterbody.
4. Forest Canopy Pest Control for the control of pest species, including but not limited to an insect or pathogen, by using aerial application of a pesticide over a forest environment or from the ground when, in order to target pests effectively, a portion of the pesticide unavoidably will be applied over and deposited in water.
5. Area-Wide Pest Control for the control of pest species by using aerial pesticide application to cover a large area to avoid substantial and widespread economic and social impact, when in order to target pests effectively, a portion of the pesticide unavoidably will be applied over and deposited in water. The pest control under this category is not included in the above categories.

D. Location Information

1. Provide a description of the pest management area, such as, boundaries for the jurisdiction or area of responsibility (e.g., counties). The pest management area is the area, including any water, for which the operator has the responsibility, control or jurisdiction for conducting pest management activities covered by this permit. Or provide physical address of the property where the pest control will be conducted, if applicable.
2. Attach a map of the pest management area that shows stream, lakes and waterways
3. Attach a vicinity map with the pest management area as an inset.
4. Identify the receiving water by selecting appropriate box. (Note: This general permit does not authorize a discharge in Outstanding Resource Waters of North Fork Smith River, its tributaries and associated wetlands, (OAR 340-041-0305(4)), Waldo Lake (OAR 340-041-0345(7)), and Crater Lake (OAR 340-041-0185(6)).

E. Pesticide Discharge Management Plan

1. For federal and state agencies, districts identified in Table 1 of the permit and non-emergency situations, the PDMP must be developed by the time the application for registration is submitted to DEQ (See Schedule D1.a)
2. For situations where the operator cannot reasonably predict that the annual pesticide application(s) will exceed the annual threshold in Table 1 of the permit, the PDMP must be developed prior to the pesticide application that will cause the annual threshold to be exceeded (See Schedule D1.b).
3. For a pest emergency, develop the PDMP no later than 90 days after responding to the declared pest emergency (See Schedule D1.c).

Note: An alternative method of pest control or pesticide must be used so that a discharge will not occur to any stream segment listed as water quality limited 303(d) list for that pesticide or its degradates.

F. Signature of Legally Authorized Representative

The signature of a legally authorized representative must be provided in order to process this application. See the table below for more information.

| Definition of Legally Authorized Representative: Please also provide the information requested in brackets [] | |
|---|---|
| Corporation: | President, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities that is authorized in accordance to corporate procedure to sign such documents |
| Partnership: | General partner [list of general partners, their addresses and telephone numbers] |
| Sole Proprietorship: | Owner(s) [each owner must sign the application] |
| City, County, State, Federal, or other Public Facility: | Principal executive officer or ranking elected official |
| Limited Liability Company: | Member [articles of organization] |

Send completed application and permit fees to:

Send this form and fee to the appropriate regional office. Please reference the [current fee table](#) to determine the appropriate fees for your permit. Make your check payable to the Department of Environmental Quality.