

DEQ USE ONLY

File # \_\_\_\_\_

Application # \_\_\_\_\_

DOC Conf: \_\_\_\_\_

Notes: \_\_\_\_\_

**APPLICATION FOR  
NPDES PESTICIDE GENERAL PERMIT  
2300-A**



**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY**  
(SEE PAGES 3-4 FOR MORE INSTRUCTIONS)

DEQ USE ONLY

Date Received: \_\_\_\_\_

Total Amount Received: \_\_\_\_\_

Add. Amt. Due (if any): \_\_\_\_\_

Check # \_\_\_\_\_

Deposit # \_\_\_\_\_

Receipt # \_\_\_\_\_

**Please indicate the type of application below:**

- This is both a new application and renewal application. A fee of \$1,100 is enclosed.
- This is a renewal application for File No. \_\_\_\_\_. No fee is required.

**A. OPERATOR INFORMATION**

1.	Legal Name of Operator:
2.	Is the Operator the Owner of the Site Where the Pesticide Application Will Occur? <input type="radio"/> Yes <input type="radio"/> No
3.	Legal Status of Operator: <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Other (specify):
4.	Name of Owner (if different from operator):
5.	NAICS Code of Operator:

**B. CONTACT INFORMATION**

1.	<b>RESPONSIBLE OFFICIAL</b>			
	Full Name:		Telephone #	
	Mailing Address:	City:	State:	Zip Code:
	Email Address:			
2.	<b>LOCAL CONTACT</b>			
	Full Name:		Telephone #	
	Mailing Address:	City:	State:	Zip Code:
	Email Address:			
3.	<b>INVOICE TO</b>			
	Full Name:		Telephone #	
	Billing Address:	City:	State:	Zip Code:
	Email Address:			

**C. TYPE OF PEST CONTROL**

**(check all that apply- see instructions for description information )**

1.	Mosquito and Other Flying Insects	<input type="checkbox"/>
2.	Weed and Algae (Note: Pesticide applications for weed and algae control approved and regulated under the irrigation district general permit are not included in this category.)	<input type="checkbox"/>
3.	Nuisance Animals	<input type="checkbox"/>
4.	Forest Canopy Pests	<input type="checkbox"/>
5.	Area-Wide (For pest control not included in the above categories. Include a brief description of the type of treatment area and type of pest)	<input type="checkbox"/>

**APPLICATION FOR NEW NPDES PESTICIDE GENERAL PERMIT (2300A)**  
**Oregon Department of Environmental Quality (Rev-2)**

**LEGAL NAME OF OPERATOR:**

**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(s):
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.	The pesticide application is for /or may discharge to the following receiving waters (check one): <input type="checkbox"/> All waters within the location identified above. <input type="checkbox"/> All waters within the location identified above except for: (attach additional pages if necessary)  <input type="checkbox"/> Specifically the following waters: (attach additional pages if necessary)		

**E. PESTICIDE MANAGEMENT PLAN (check one)**

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

1.	The PDMP is complete.	<input type="checkbox"/>
2.	The PDMP will be developed prior to the pesticide application that will cause the annual threshold to be exceeded.	<input type="checkbox"/>
3.	The PDMP will be developed no later than 90 days after responding to the declared pest emergency.	<input type="checkbox"/>

**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 (Type or Print):

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Signature of Legally Authorized Representative:

\_\_\_\_\_  
Date

**SUBMIT THE APPLICATION TO THE APPROPRIATE REGIONAL OFFICE**

**DEQ Northwest Region**  
700 NE Multnomah St., Suite 600  
Portland OR 97232  
503-229-5263 or 1-800-452-4011

**DEQ Western Region**  
4026 Fairview Industrial Dr. SE  
Salem OR 97302  
503-378-8240 or 1-800-349-7877

**DEQ Eastern Region**  
800 SE Emigrant Ave, Suite 330  
Pendleton OR 97801  
541-276-4063

**APPLICATION INSTRUCTIONS FOR NEW NPDES PESTICIDE GENERAL PERMIT (2300A)**  
**Oregon Department of Environmental Quality (Rev-2)**

**Please answer all questions and submit with the required application fees.**  
**AN INCOMPLETE APPLICATION OR APPLICATION WITH INCORRECT FEES 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 owner, person, 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 which are necessary to ensure compliance with the permit. This must be the legal Oregon name (i.e., Acme Products, Inc.) or the legal representative of the company if it operates under an assumed business name (i.e. John Smith, dba Acme Products). 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.
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 than the legal name of the operator.
5. Enter the North American Industry Classification System five or six-digit code (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. The NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <http://www.naics.com/search.htm>.

**B. CONTACT INFORMATION**

1. Enter the name, 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, telephone number, **street address** 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 and other flying insect 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. Note: Pesticide applications for weed and algae control approved and regulated under the 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.
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.& 3. Attach a map of the pest management area that shows streams, lakes and waterways and a vicinity map.
4. Identify the receiving water by selecting the appropriate box.

**E. PESTICIDE DISCHARGE MANAGEMENT PLAN (This plan is not submitted to DEQ )**

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 D 1.a of the permit)
2. For situations when 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 D.1.b of the permit.)
3. For a pest emergency, develop the PDMP no later than 90 days after responding to the declared pest emergency situation. (See Schedule D1.c of the permit)

**F. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE**

The legally authorized representative *must* sign the application. The following are authorized to sign the document (please see 40 CFR Part 122.22 for more detail if needed):

- **Corporation** - President, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million that is assigned or delegated in accordance to corporate procedure to sign such documents.
- **Partnership** - General partner.
- **Sole Proprietorship** - Owner. If more than one person is the sole proprietor, each person must sign the form.
- **City, County, State, Federal, or other Public Facility** - Principal executive officer or ranking elected official.
- **Limited Liability Company** - Member
- **Trusts** - Acting Trustee.

SUBMIT THE APPLICATION TO THE APPROPRIATE REGIONAL OFFICE		
<p style="text-align: center;"><b>DEQ Northwest Region</b></p> <p>700 NE Multnomah St., Suite 600 Portland OR 97232 503-229-5263 or 1-800-452-4011</p>	<p style="text-align: center;"><b>DEQ Western Region</b></p> <p>4026 Fairview Industrial Dr. SE Salem OR 97302 503-378-8240 or 1-800-349-7877</p>	<p style="text-align: center;"><b>DEQ Eastern Region</b></p> <p>800 SE Emigrant Ave, Suite 330 Pendleton OR 97801 541-276-4063</p>

NORTHWEST REGION COUNTIES					
Clackamas	Clatsop	Columbia	Multnomah	Tillamook	Washington
WESTERN REGION COUNTIES					
Benton	Coos	Curry	Douglas	Jackson	Josephine
Lane	Lincoln	Linn	Marion	Polk	Yamhill
EASTERN REGION COUNTIES					
Baker	Crook	Deschutes	Gilliam	Grant	Harney
Hood River	Jefferson	Klamath	Lake	Malheur	Morrow
Sherman	Umatilla	Union	Wallowa	Wasco	Wheeler