



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Division of Water Pollution Control

PESTICIDE DISCHARGE EVALUATION WORKSHEET

GENERAL PERMIT FOR PESTICIDE APPLICATION POINT SOURCE DISCHARGES

PERMITTEE INFORMATION

Permittee Name: _____

Worksheet Preparer's Name: _____ Permit Number: ILG87

PESTICIDE APPLICATOR

Company name and contact information for pesticide applicator OR check here if same as permittee

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Name: _____ Title: _____

E-Mail: _____

TREATMENT AREA INFORMATION

Pest Management Area # _____ of _____

Pest Management Area Name (As listed on the NOI): _____

Provide a brief description, including location, of the treatment area: _____

Size of Treatment Area: _____ acres OR _____ linear feet

Identify use pattern(s) for this treatment area:

- Mosquitoes and Other Insect Pest Control
- Forested Areas Pest Control
- Other Pest Control Activities: _____
- Weed and Algae Pest Control
- Animal Pest Control

Identify the closest named waters of the State, to which pesticide(s) discharged are tributary:

Name: _____

Any waters in the treatment area currently listed as impaired for pesticides on the 303(d) list. Yes No

If yes, list waters impaired and what pesticide impaired. _____

The Agency is authorized to require this information under Section 4 and Title X of the Environmental Protection Act (415 ILCS 5/4, 5/39). Failure to disclose this information may result in: a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42) and may also prevent this form from being processed and could result in your application being denied.

Identify the target pest(s) and explain why control is needed: _____

Describe the pest management measure(s) implemented prior to the first pesticide application:

Pesticide Application Start Date: _____ Pesticide Application End Date: _____

Name of each pesticide product used, USEPA registration number, and quantity of pesticide applied (as packaged or as formulated):

Product	USEPA Registration No.	Quantity (units)

Visual monitoring was conducted during pesticide application and/or post-application? Yes No

If no, describe why not. _____

Any adverse effect identified during visual monitoring? Yes No

If yes, describe. _____

INSTRUCTIONS FOR COMPLETION OF THE EVALUATION WORKSHEET

This evaluation worksheet is for permittees who exceed one or more of the annual treatment area thresholds and meet the definition of a small entity, as defined in Appendix A of the permit. The information on this worksheet must be retained for each pesticide application activity.

Pest Management Area, as defined in Appendix A of the permit, may be a large area (e.g., an entire town) or a very specific well-defined management area (i.e., a lake). Thus, a Pest Management Area may have one or more treatment areas. Permittees should retain a copy of a completed worksheet for each treatment area. For treatment areas with the same or similar pests, permittees can use one worksheet to document pest management activities for those multiple treatment areas.

Except for the pesticide application end date and total quantity of pesticide applied, this worksheet must be completed as soon as possible but no later than 15 business days after the first pesticide application. The total quantity of pesticide applied and the pesticide application end date must be completed as soon as possible but no later than 15 business days after completion of pesticide application for this project. Permittees must retain this worksheet for at least 3 years from the date that coverage under the Pesticide General Permit expires or is terminated. Permittees must make this worksheet available to IEPA upon request.