

INDIANA NPDES PESTICIDE GENERAL PERMIT (PGP)
PESTICIDE DISCHARGE MANAGEMENT PLAN (PDMP)

Instructions: *Anyone required to file a Notice of Intent (NOI) with the Indiana Department of Environmental Management (IDEM) for coverage under the PGP must complete this PDMP form and keep it on file for inspection by IDEM or the Office of Indiana State Chemist (OISC). Attach additional sheets if needed.*

1. NPDES Permit Tracking Number (*from IDEM*):
2. Name on Notice of Inspection filed with IDEM:
3. Pesticide use patterns covered in this plan (*check all that apply*):
 - a. Mosquitoes and other flying insects
 - b. Aquatic weeds and algae control
 - c. Aquatic nuisance animal control (*i.e. pest fish, zebra mussels, sea lampreys*)
 - d. Forest canopy pest control (*i.e. Gypsy Moth*)
 - e. Weed control in ditch banks, drainage ditches, or rights-of-way
4. Description of areas in state covered by this plan (*attach maps if desired*):
5. List of pesticides that may be used to control the target pest(s):

<i>Brand Name</i>	<i>EPA Registration #</i>	<i>Anticipated Application Rate(s)</i>
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6. How will you determine the lowest possible application rate that will be effective?

7. Will applications be based on specified pest thresholds (*numbers of pests*)? ____ Yes ____ No
If yes, list what those thresholds will be:
8. How often will you calibrate your application equipment?
9. Will you routinely monitor the application area after the application? ____ Yes ____ No
10. If yes, list the normal time period after application:
11. Who is responsible for reporting any spills that may threaten ground water or surface water to the 24 hour IDEM Spill Hotline at 1-888-233-7745?
12. Who is responsible for reporting reportable quantity spills that enter water to the National Response Center (NRC) at 1-800-424-8802?
13. Who is responsible for reporting adverse effects (*i.e. fish kills, unanticipated water color or sheen on the water*) to the IDEM Permits Branch at 1-800-451-6027?

I certify that this document and all attachments are true and accurate to the best of my knowledge based on the information that was presented to me at the time that this Pesticide Discharge Management Plan was prepared.

Printed Name: _____

E-mail Address: _____

Signature: _____ Date: _____