# Pesticide Discharge Management Plan (PDMP) Template

## Introduction

Any Decision-maker who is required to submit an NOI, as required in the Pesticide General Permit (PGP) Part 1.2.2, and is a large entity, as defined in Appendix A, must prepare a Pesticide Discharge Management Plan (PDMP) by the time the Notice of Intent (NOI) is filed, with two exceptions:

* Any application is made in response to a Declared Pest Emergency Situation, as defined in Appendix A; or
* Any Decision-makers that is required to submit an NOI solely because their application results in a point source discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A.

To help you develop your Pesticide Discharge Management Plan (PDMP), the U.S Environmental Protection Agency (EPA) has created this electronic PDMP template. The template is designed to help guide you through the PDMP development process and help ensure that your PDMP addresses all the necessary elements stated in the pesticide general permit (PGP). In your PDMP, you may incorporate by reference any procedures or plans in other documents that meet the requirements of the PGP. The template can be used as guidance in determining whether a document meets the requirements of the permit.

This template covers the PDMP elements that the pesticide general permit requires; however, you are strongly encouraged to customize this template **t**o reflect the conditions at your site.

### Using the PDMP Template

Each section of this template includes “instructions” and space for project information. You should read the instructions for each section before you complete that section. This template was developed in Word so that you can easily add tables and additional text. Some sections may require only a brief description while others may require several pages of explanation.

Tips for completing the Template:

* The Template generally uses blue text where information is expected to be entered.
* Multiple pest management areas and use pattern(s) may be in the same PDMP.
* Pest management area(s) may be as large as an entire state or as small as cooling water intakes.
* Incorporate by reference any procedures or plans in other documents that meet the requirements of the permit. Attached a copy of any portions of any documents that you refer to in the PDMP.

Modify this PDMP template so that it addresses the requirements in the pesticide general permit and meets the needs of your project. Consider adding permit citations in the PDMP when you address a specific permit requirement.

EPA notes that while EPA has made every effort to ensure the accuracy of all instructions and guidance contained in the Template, the actual obligations of regulated Decision maker(s) are determined by the relevant provisions of the permit, not by the Template. In the event of a conflict between the PDMP Template and any corresponding provision of the PGP, the permit is the final authority. EPA welcomes comments on the PDMP Template at any time and will consider those comments in any future revision of this document.

Pesticide Discharge Management Plan

for:

Insert Project Name

Insert Pest Management Area(s) [Short title]/Address

Insert City, State, Zip Code

Decision-maker(s):

Insert Company or Organization Name

Insert Name

Insert Address

Insert City, State, Zip Code

Insert Telephone Number

Insert Fax/Email

PDMP Contact(s):

Insert Company or Organization Name

Insert Name

Insert Address

Insert City, State, Zip Code

Insert Telephone Number

Insert Fax/Email

PMPD Preparation Date:

**\_\_ \_\_/ \_\_ \_\_ /** **\_\_ \_\_ \_\_ \_\_**

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# SECTION 1: Operator Information

Instructions (see PGP Part 1.0):

* Describe the Pest Management Area(s) and identify the type(s) of Pesticide Use Patterns, Operator type, and if there will be a discharge to a Tier 3 water.

Note: An “Operator” is defined in Appendix A of the PGP to mean any entity associated with the application of pesticides that results in a discharge to Waters of the United States that meets either of the following two criteria: (1) any entity who performs the application of a pesticide or who has day-to-day control of the application (i.e., they are authorized to direct workers to carry out those activities); or (2) any entity with control over the decision to perform pesticide applications including the ability to modify those decisions. Operators identified in (1) above are referred to in the permit as Applicators while Operators identified in (2) are referred to in the permit as Decision-makers. As defined, more than one Operator may be responsible for complying with this permit for any single discharge from the application of pesticides.

A “Pest Management Area” is defined in Appendix A of the PGP to mean the area of land, including any water, for which an Operator has responsibility for and is authorized to conduct pest management activities as covered by the PGP permit (e.g., for an Operator who is a mosquito control district, the pest management area is the total area of the district). The Pest Management Area could include contiguous and non-continuous sites.

|  |  |
| --- | --- |
| 1. Provide a brief description of the Pest Management Area(s).  Insert text here  2. Identify the Pesticide Use Patterns for this Pest Management Area that trigger the requirement to develop a Pesticide Discharge Management Plan. (check all that apply). Note: Decision-makers, that are a large entity, are required to develop a PDMP if they are required to submit an NOI. See Part 5.0 of the PGP for exceptions. | |
| a.  Mosquitoes and Other Flying Insect Pests  b.  Weeds and Algae | c.  Animal Pests  d.  Forest Canopy Pests |
| 3. Operator Type (check one):  a.  Federal Government  b.  State Government  c.  Local Government  d.  Mosquito control district (or similar)  e.  Irrigation control district (or similar)  f.  Weed control district (or similar) | |
| g.  Other: If other, provide brief description of type of Operator: | |
|  | |

# SECTION 2: PDMP Team

Instructions (see PGP Part 5.1.1):

* List the Decision-maker, person or organization that prepared the PDMP and/or responsible for revising the PDMP, and the person or organization that will prepare and address corrective actions, adverse incident, and spills. Indicate respective responsibilities, where appropriate.

|  |  |  |
| --- | --- | --- |
| 1.Decision-maker:Any entity with control over the decision to perform pesticide applications including the ability to modify those decisions. | | |
| Company or Organization Name: Insert Name  Name: Insert Name | | |
| Address: Insert Address | | |
| City, State, Zip Code: Insert City, State, Zip Code | | |
| Telephone Number: Insert Telephone Number | | |
| Email address: Insert email address | | |
| Fax number: Insert fax number (optional)  Area of Control (if more than one Operator at site): Insert area of control  Repeat as necessary | | |
|  | | |
| 2.PDMP Contact:Person(s) who should be contacted regarding PDMP questions. | | |
| Company or Organization Name: Insert Name  Name: Insert Name | | |
| Address: Insert Address | | |
| City, State, Zip Code: Insert City, State, Zip Code | | |
| Telephone Number: Insert Telephone Number | | |
| Email address: Insert email address | | |
| Fax number: Insert fax number (optional)  Area of Control (if more than one Operator at site): Insert area of control  Repeat as necessary | | |
| 3.This PDMP was Prepared by:Person(s) responsible for developing and revising the PDMP. | | |
| Company or Organization Name: Insert Name  Name: Insert Name | | |
| Address: Insert Address | | |
| City, State, Zip Code: Insert City, State, Zip Code | | |
| Telephone Number: Insert Telephone Number | | |
| Email address: Insert email address | | |
| Fax number: Insert fax number (optional)  Area of Control (if more than one Operator at site): Insert area of control  Repeat as necessary | | |
| 4. Please include any additional team members and their responsibilities. | | |
| Team Member Name(s) | Individual Responsibilities | |
| Insert name of team member/position title | | Insert a description of the team members responsibility |
| [Repeat as necessary] | | [Repeat as necessary] |
|  | |  |

# SECTION 3: Problem Identification

3.1 Pest Problem Description

Instructions (see PGP Part 5.1.2):

* Briefly describe the pest problem, including identification of the target pest(s), source of the pest problem, and source of data used to identify the problem in Parts 2.2.1, 2.2.2, 2.2.3, and 2.2.4 of the PGP.

Note: The response will be one or more paragraphs, depending on the nature and complexity of the project. The source of the pest problem may be unknown. EPA does not expect the Decision-maker(s) to conduct long term studies to determine the source of the pest problem.

1. Provide a brief summary of the pest problem in the table.

Summary of Pest Problem

|  |  |  |
| --- | --- | --- |
| Target Pest(s)  Note: Use common name | Source of the pest problem | Data Source (e.g. survey conducted in 2010) |
| [Repeat as necessary] | [Repeat as necessary] | [Repeat as necessary] |

2. Provide a brief description of the pest problem.

Insert text here

3.2 Action Threshold(s)

Instructions (see PGP Part 5.1.2):

* Describe the action threshold(s) for pest(s) in the pest management area, including data used in developing the action threshold(s) and method(s) to determine when the action threshold(s) has been met.

Note: An action threshold is the point at which pest populations or environmental conditions necessitate that pest control action be taken based on economic, human health, aesthetic, or other effects. An action threshold may be based on current and/or past environmental factors that are or have been demonstrated to be conducive to pest emergence and/or growth, as well as past and/or current pest presence. Action thresholds are those conditions that indicate both the need for control actions and the proper timing of such actions.

1. Provide a brief summary of the action threshold(s) in the table.

Summary of Action Threshold(s)

|  |  |
| --- | --- |
| Target Pests | Action Thresholds |
| [Repeat as necessary] | [Repeat as necessary] |

2. Provide a brief description of the action threshold(s).

Pest Management Objective: Insert text here

Target Pest: Insert text here

Action Threshold: Insert text here

Basis for the action threshold: Insert text here

Method to determine when the action threshold has been met: Insert text here

Repeat as necessary

3.3 General Location Map

Instructions (see PGP Part 5.1.2):

* Provide a general location map (e.g., U.S. Geological Survey (USGS) quadrangle map) that identifies the geographic boundaries of the area to which the plan applies and location of the waters of the U.S.
* To improve readability of the map, some detailed information may be kept as an attachment to the site map and pictures may be included as deemed appropriate.

Include a copy of the general location map for this facility in Attachment A.

3.4 Water Quality Standards

Instructions (see PGP Part 5.1.2):

* Document waters impaired for pesticide(s) or any degradates for which there may be a discharge. Note: Operators are not eligible for coverage under the PGP for any discharges from a pesticide application to Waters of the United States if the water is identified as impaired by a substance which either is an active ingredient in that pesticide or is a degradate of such an active ingredient. See PGP Part 1.1.2.1.
* Indicate the location of all waters, including wetlands, on the general location map.
* Document any Tier 3 (Outstanding National Resource Waters) and any water(s) impaired for a specific pesticide or its degradates to which there may be a discharge.

Note: Decision-maker is not required to make a water quality standard (WQS) determination. Internet links to all state, territory and tribal water quality standards are available at: <http://epa.gov/waterscience/standards/wqslibrary/>.

Provide a brief summary of Tier 3 waters and waters impaired for pesticides.

Insert text here

# SECTION 4: Pest Management Options Evaluation

Instructions (see PGP Part 5.1.3):

* Document your evaluation of the pest management options, including combination of the pest management options, to control the target pest(s) in the following sections:
* No Action
* Prevention
* Mechanical/Physical Methods
* Cultural Methods
* Biological Control Agents
* Pesticides
* In your evaluation, you must consider the impact to water quality, impact to non-target organisms, feasibility, and cost effectiveness.

Note: All six pest management options may not be available for a specific use category and/or treatment area. However, the PDMP must include documentation of how the six pest management options were evaluated. The PGP does not require the use of the least toxic alternative or that non-pesticide methods be tried first. Combinations of various pest management options are frequently the most effective Pest Management Measures over the long term. The goal should be to emphasize long-term control rather than a temporary fix. "Pest Management Measure" is defined to be any practice used to meet the effluent limitations that comply with manufacturer specifications, industry standards and recommended industry practices related to the application of pesticides, relevant legal requirements and other provisions that a prudent Operator would implement to reduce and/or eliminate pesticide discharges to waters of the United States.

1. Provide a brief description of the pest management options (include impact to water quality, impact to non-target organisms, feasibility, cost effectiveness and any relevant previous Pest Management Measures).

* Target Pest:Insert text here
* No Action: Insert text here
* Prevention: Insert text here
* Mechanical/Physical Methods: Insert text here
* Cultural Methods: Insert text here
* Biological Control Agents: Insert text here
* Pesticides: Insert text here

Repeat as necessary

2. Provide a summary of Pest Management Measures that will be or are implemented to meet the technology-based effluent limitations.

**Target Pest:** Insert text here

Pest Management Measures:Insert text here

Repeat as necessary

# SECTION 5: Response Procedures

5.1 Spill Response Procedures

5.1.1 Spill Containment

Instructions (See PGP Part 5.1.4):

* Document the procedure for expeditiously stopping, containing, and cleaning up leaks, spills, and other releases to Waters of the United States.
* Employees who may cause, detect, or respond to a spill or leak must be trained in these procedures and have necessary spill response equipment available. If possible, one of these individuals should be a member of the PDMP team.

Insert text here

5.1.2 Spill Notification

Instructions (See PGP Part 5.1.4):

* Document the procedure for notification of appropriate facility personnel, emergency response agencies, and regulatory agencies.

Insert text here

5.2 Adverse Incident Response Procedures

5.2.1 Responding to an Adverse Incident

Instructions (See PGP Part 5.1.4):

* Document the procedures for responding to any adverse incident resulting from pesticide applications.

Insert text here

5.2.2 Notification of an Adverse Incident

Instructions (See PGP Part 5.1.4):

* Document the procedures for notification of the adverse incident, both internal to the Decision-maker’s 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.

Insert text here

# SECTION 6: Documentation to Support Eligibility Considerations under Other Federal Laws

Instructions (See PGP Part 5.1.5):

* If applicable, Decision-makers mustkeep documentation supporting their determination with regard to Part 1.1.2.4 (Endangered and Threatened Species and Critical Habitat Protection).

Include a copy of the documentation in Attachment C

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# SECTION 7: Signature Requirements

Instructions (see PGP Part 5.1.6):

* The following certification statement must be signed and dated to certify that the PDMP is in accordance with Appendix B, Subsection B.11 of the PGP.

Note: This certification must be re-signed whenever necessary to address any of the triggering conditions for corrective action in Part 6.1 or when a change in pest control activities significantly changes the type or quantity of pollutants discharged.

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the application of pesticides, 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Title: |  | | |
| Signature: | |  | | | Date: |  |

Repeat as needed for multiple Decision-makers at the site.

# SECTION 8: PDMP Plan Modifications

Instructions (see PGP Part 5.2):

* You must modify your PDMP whenever necessary to address any of the triggering conditions for corrective action in Part 6.1 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, no later than 90 days after any change in pesticide application activities. The revised PDMP must be signed and dated in accordance with the PGP, Appendix B, Subsection B.11.
* You should include significant changes in the activities or their timing on the project, changes in personnel, updates to site maps, and so on.

REFERENCE ATTACHMENT E, F and/or I

# SECTION 9: PDMP Availability

Instructions (see PGP Part 5.3):

* You must retain a copy of the current PDMP, along with all supporting maps and documents, at the address provided in Section III.3 of the NOI. The PDMP and all supporting documents must be readily available, upon request, and copies of any of these documents provided, upon request, to EPA; a State, Territorial, Tribal, or local agency governing discharges or pesticide applications within their respective jurisdictions; and representatives of the U.S. Fish and Wildlife Service (USFWS) or the National Marine Fisheries Service (NMFS). EPA may provide copies of your PDMP or other information related to this permit that is in its possession to members of the public.
* Any Confidential Business Information (CBI), as defined in 40 CFR Part 2, may be withheld from the public provided that a claim of confidentiality is properly asserted and documented in accordance with 40 CFR Part 2; however, CBI must be submitted to EPA, if requested, and may not be withheld from those staff within EPA, FWS, and NMFS cleared for CBI review.

**ATTACHMENTS**

Attach the following documentation to the PDMP:

Attachment A – General Location Map

Attachment B – Pesticide General Permit

Attachment C – NOI and Acknowledgement Letter from EPA/State

Attachment D – Adverse Incident Report

Attachment E – Corrective Action Log

Attachment F – PDMP Amendment Log

Attachment G – Subcontractor Certifications/Agreements

Attachment H – Delegation of Authority

Attachment I – Annual Reports and Other Record Keeping

# Attachment A – General Location Map

# Attachment B – Pesticide General Permit

# Attachment C – NOI and Acknowledgement Letter from EPA/State

# Attachment D – Adverse Incident Report

# Attachment E – Corrective Action Log Template

**Project Name:**

**PDMP Contact**:

| Date | Description of Problem triggering the Corrective Action | Corrective Action Needed (including planned date/responsible person) | **Date Action Taken/Responsible person** |
| --- | --- | --- | --- |
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# Attachment F – PDMP Amendment Log Template

Project Name:

PDMP Contact:

| Amendment No. | Description of the Amendment | Date of Amendment | **Amendment Prepared by [Name(s) and Title]** |
| --- | --- | --- | --- |
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# Attachment G – Subcontractor Certifications/Agreements Template

SUBCONTRACTOR CERTIFICATION  
PESTICIDE DISCHARGE MANAGEMENT PLAN

Project Number:

Project Name:

Decision-maker(s):

As a subcontractor, you are required to comply with the Pesticide Discharge Management Plan (PDMP) for any work that you perform for the above designated project. Any person or group who violates any condition of the PDMP may be subject to substantial penalties or loss of contract. You are encouraged to advise each of your employees working on this project of the requirements of the PDMP. A copy of the PDMP is available for your review.

Each subcontractor engaged in pesticide activities in the pest management area that could impact Waters of the United States must be identified and sign the following certification statement:

I certify under the penalty of law that I have read and understand the terms and conditions of the PDMP for the above designated project.

This certification is hereby signed in reference to the above named project:

Company:

Address:

Telephone Number:

Type of pesticide application service to be provided:

Signature:

Title:

Date:

# Attachment H – Delegation of Authority Form Template

Delegation of Authority

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), hereby designate the person or specifically described position below to be a duly authorized representative for the purpose of overseeing compliance with environmental requirements, including the Pesticide General Permit, for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ project. The designee is authorized to sign any reports, other documents required by the permit.

|  |  |
| --- | --- |
|  | (name of person or position) |
|  | (company) |
|  | (address) |
|  | (city, state, zip) |
|  | (phone) |

By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Appendix B, Subsection B.11.A of EPA’s Pesticide General Permit (PGP), and that the designee above meets the definition of a “duly authorized representative” as set forth in Appendix B, Subsection B.11.A.

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the pest management area, 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.

Name**:**

Company**:**

Title**:**

Signature**:**

Date**:**

# Attachment I – Annual Reports and Other Record Keeping

The following is a list of records you should keep at your site and available for inspectors to review:

― Copies of Annual Reports

― Records as required in PGP Part 7.4

Check your permit for additional details