

STATE OF COLORADO

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

<http://www.cdphs.state.co.us>



Colorado Department
of Public Health
and Environment

COMPLIANCE CERTIFICATION FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000

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**NOTE: SUBMISSION OF THIS CERTIFICATION CONSTITUTES A RECORD OF COMPLIANCE FOR DISCHARGES
MADE TO WATERS OF THE STATE ONLY.**

**EPA ADMINISTERS THE PESTICIDE GENERAL PERMIT FOR FEDERAL FACILITIES. CONTACT EPA FOR FURTHER INFORMATION
REGARDING FEDERAL FACILITIES.**

Please print or type. Original signatures are required. Submission of this completed Compliance Certification constitutes notice that the Operator identified under item B.1 or B.3 is authorized to discharge pollutants to surface waters of the state of Colorado. To certify compliance, all information required on this form must be completed. See instructions at the end of this form for completing the certification. Note that this form is to be used for discharges occurring between July 1, 2013 and December 31, 2014.

Submit forms to:
Colorado Department of Public Health and
Environment
Water Quality Control Division
4300 Cherry Creek Drive South WQCD-P-B2
Denver, Colorado 80246-1530

COMPLIANCE CERTIFICATION

A. Notice of Status

1. Mark "a." if this is your first time submitting a Compliance Certification. Mark "b." if you've submitted a Compliance Certification before but this represents new information. Mark "c." if this is a change of information to a current Compliance Certification. If this is a change of information, please supply the original Operator Name for the discharge.

- a. First-time Compliance Certification
b. Compliance Certification representing new information (e.g. reporting for a new discharge season)

c. Certification number _____
Compliance Certification Change of Information: Operator Name _____

Please note: When selecting 1c, please fill out Item number 1 and 2 below (Legal Contact and Operator Name and Mailing Address) and modify the pertinent fields of the Compliance Certification as necessary.

B. Contact Information

1. Legal Contact (Decision Maker) - Address and Contact Information

Company Name _____

First Name _____ Last Name _____

Title _____

Mailing Address _____

City, State and Zip Code _____

Phone _____ Fax _____ Cell _____

E-mail Address _____

2. Is the Decision Maker for this Compliance Certification a **Large Entity** as defined in Appendix A of the permit? (check one):

- A. YES
B. NO

Note that if you answered "Yes" to Question B. 2, you are required to develop a Pesticide Discharge Management Plan (PDMP) reflecting all pesticide uses for which you are requesting permit coverage.

3. Operator (if different from Decision Maker) Address and Contact Information continued

Company Name _____
First Name _____ Last Name _____
Title _____
Mailing Address _____
City, State and Zip Code _____
Phone _____ Fax _____ Cell _____
E-mail Address _____

4. Operator Type (check one):

- State Govt Local Govt Mosquito Control District (or similar) Irrigation Control District (or similar)
 Weed Control District (or similar) Other – please provide brief description of type of operator: _____

5. Facility Contact same as applicant

Company Name _____
Mailing Address _____
City, State and Zip Code _____
First Name _____ Last Name _____
Title _____
Phone _____ Fax _____ Cell _____
E-mail Address _____

Additional Operator Information if applicable:

6. Authorized Reporting Agent (DMR Cognizant Official) Address and Contact same as applicant

(i.e. the person or position authorized to sign and certify reports required by permits including DMRs, Annual Reports, Compliance Certifications, Compliance Schedule submittals and other information requested by the Division).

Company Name _____
Mailing Address _____
City, State and Zip Code _____
First Name _____ Last Name _____
Title _____
Phone _____ Fax _____ Cell _____
E-mail Address _____

7. Billing Address and Contact same as applicant

(Note that as of February 2013, there is no fee associated with this permit, but the following information is being collected with the expectation that a fee structure will be created in the future and billing information will become necessary).

Company Name _____
Mailing Address _____
City, State and Zip Code _____
First Name _____ Last Name _____
Title _____
Phone _____ Fax _____ Cell _____
E-mail Address _____

C. SIGNATURE REQUIRED FOR CERTIFICATION

Signature of Operator: The Compliance Certification must be signed to be considered complete. In all cases, it shall be signed as follows:

- a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in this form originates.
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

“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. On the basis of 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.”

Certifier Name (printed) _____

Certifier Title _____

Certifier Email _____

Certifier Signature/Responsible Official: _____ Date Signed _____

Complete and Attach Pages 4 and 4A for Each Pest Management Area

D. Pest Management Areas

Complete this section for each Pest Management Area for which Pesticide General Permit coverage is desired.

Pest management area, as defined in Appendix A of the permit, can be a large area (e.g., an entire town) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas

1. Pest Management Area Information: **Area # _____ of ## _____** (e.g. 1 of 5), please attach additional pages as needed if you are certifying multiple areas.

2. Pest Management Area Name: _____
 Street Address, if applicable (or cross streets) _____
 City _____ Colorado Zip Code _____
 County _____

3. Provide a map of the location of the Pest Management Area showing the treatment area within the Pest Management Area (Attach Map)

4. Size of Treatment Area _____ Acres or _____ Linear Feet

5. Contact Information for pesticide applicator Same as Operator listed in item 1
 Company Name _____
 First Name _____ Last Name _____
 Title _____
 Mailing Address _____
 City, State and Zip Code _____
 Phone _____ Fax _____ Cell _____
 E-mail Address _____

6. Pesticide Use Patterns to be included in this Pest Management Area (Check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Mosquito and Other Flying Insect Pest Control | <input type="checkbox"/> Forest Canopy Pest Control Animal |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Weed and Algae Pest Control |

7. Receiving Waters (Check One)

Compliance Certification for all Surface Waters of the State within the Pest Management Area identified above.

Compliance Certification for the following Surface Waters of the State within the Pest Management Area identified above.

Compliance Certification for all Surface waters of the State within the Pest Management Area identified above, except for:

8. Outstanding Waters

Is Coverage requested for discharges to Outstanding Water(s) of the State? YES NO

If YES Name of Outstanding Water(s) _____

Please provide the rationale for the determination that pesticide discharges to Outstanding Waters are necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis*:

*Please attach additional pages as necessary

9. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to surface waters of the state if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a degradate of such an active ingredient. (Check one)

- Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient.
- Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

10. Pest Evaluation

a. Identify the target pest(s) and explain why pest control is needed*

*Please attach additional pages as necessary

b. Describe any Integrated Pest Management (IPM) measure(s) implemented before first pesticide application. For example, identify if you have performed preventative measures, physical control techniques, cultural control techniques or biological control agent techniques.*

*Please attach additional pages as necessary

CDPS COMPLIANCE CERTIFICATION FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000

Pesticide End Date _____

11. Pesticide Application Start Date _____

12. Name of each pesticide product used, EPA Registration number and Quantity of pesticide applied (as packaged or as formulated)

The total quantity of pesticide applied and the pesticide application end date must be completed as soon as possible but no later than 14 days after completion of pesticide application for this project.*

| Product Name AND Active Ingredient | EPA Registration Number | Quantity (lbs OR gallons OR oz) | | | Application method (e.g., fixed wing aircraft, backpack sprayer) |
|------------------------------------|-------------------------|---------------------------------|----|-----|---|
| | | Oz | lb | Gal | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Please attach additional pages as necessary

13. Visual Monitoring was conducting during pesticide application and/or post-application Yes No. If no describe why not:

14. Any adverse effects identified during visual monitoring? Yes No. If yes, describe

INSTRUCTIONS Part 1

Completing the Compliance Certification Form:

To complete this form, type or print in the appropriate areas. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above.

A. Notice of Status

1. **Status** Mark "a." to indicate that this is the first time you have ever submitted a Compliance Certification. Mark "b." if you have previously submitted a Compliance Certification to the division but you are reporting for a new reporting period. Mark "c." if you are modifying a previously submitted certification for the current reporting period (i.e. updating operator information). Refer to Table 2 for Certification submittal deadlines and discharge authorization dates. If this is a change of information for a discharge where the Compliance Certification has already been submitted, supply the name of the Operator under which the Compliance Certification was originally submitted. For additional details regarding a change of information, see Table 3. Also fill out Item B.1 of this form (Operator Name and Mailing Address) and the associated fields of information that need to be modified on the Compliance Certification.

B. Operator Information

1. Legal Contact/Decision Maker contact information - Provide the legal name of the person, firm, public organization or any other public entity that is the Decision-maker for the pesticides applications described in this notice. A Decision-maker is an Operator who has control over the decision to perform pesticide applications, including the ability to modify those decisions, that result in a discharge to Waters of the State.
2. Is the Operator a large entity as defined in Appendix A?
 - a. YES - (Note that a "Yes" here will require preparation of a Pesticide Discharge Management Plan reflecting uses for which you seek coverage).
 - b. NO - (Note that a "No" answer does not necessarily exempt you from submitting a Compliance Certification as you may need to submit if thresholds are exceeded. Please see Table 7-2. If you do not meet the threshold for submittal of a Compliance Certification, you are requested to complete and retain records for at least 3 years from the date that coverage is granted under the permit or until the permit expires or is terminated.
3. Provide the legal name and contact information of the person, firm, public organization or any other public entity that is the Operator/Applicator (if other than the Decision Maker) for the pesticides applications described in this notice.
4. Indicate the type of Operator: federal government, state government, local government, mosquito control district (or similar), irrigation control district (or similar), weed control district (or similar) or other. If other provide a brief description of the type of Operator in the space provided.
Additional Operator information, if applicable:
5. Provide the Facility mailing address, telephone number(s) and email address.
6. Provide the Authorized Reporting Agent (DMR Cognizant Official) contact information
7. Provide the Billing contact and address. (Note that there is currently no fee associated with this permitting action but an expectation exists that a fee structure will be developed in the future and billing information will be necessary at that time.)

C. Certification

Enter the certifier's printed name and title. Sign and date the form. (CAUTION: An unsigned or undated form will not be accepted.)

Signature of Operator: The Compliance Certification must be signed by the Decision-maker to be considered complete.

In all cases, it shall be signed as follows:

- a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in the application originates.
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

INSTRUCTIONS Part 1

D. Pest Management Area: Information for each Pest Management Area for which coverage is desired.

- 1) Indicate whether you are submitting a Compliance Certification for multiple pest management areas. A pest management area is the area of land, including any water, for which you have responsibility and are authorized to conduct pest management activities as covered by this permit (e.g., if you are a mosquito control district, your pest management area is the total area of the district). You must complete the Pest Management Area information page for each pest management area. If you are submitting a Compliance Certification for only one area, enter "1" of "1." If you are submitting Compliance Certifications for multiple pest management areas, enter the number "X" of "XX" (the specific area number of the total number of pest management areas for which you are requesting coverage).
- 2) Enter the name of the pest management area.
- 3) Attach a map of the pest management area or describe the location of the pest management area in the space provided.
- 4) Enter the Size of the treatment Area in Acres or Linear Feet
- 5) Enter the mailing address of the contact person for the pest management area.
If this address is the same as the Decision-maker's mailing address, indicate that by checking the box. If it is a different address, enter the mailing address, telephone number, fax number (optional), contact name, and e-mail address.
- 6) Indicate the pesticide use patterns for the pest management area for which the Compliance Certification is required. For additional information regarding pesticide use patterns, see Part 1.1.1 of the permit. Check all the use patterns that apply to the pest management area.
- 7) Receiving Waters
Indicate if permit coverage is being requested for all Waters the State within the pest management area or if permit coverage is being requested to specific Waters of the State within the pest management area. If specific waters are being requested, write the names of the waterbodies. If permit coverage is being requested for all waters of the State within the pest management area except for specific waterbodies, name those specific waterbodies in the space provided.
EPA's Water Locator Tool can help you identify the closest receiving water to your facility
<http://cfpub.epa.gov/npdes/stormwater/tmdltool.cfm>.
- 8) Outstanding Waters
Indicate if permit coverage is being requested to discharge to an Outstanding Water of the State. If yes, write the name(s) of the Outstanding water(s) in the space provided. Describe and demonstrate why it is necessary to apply the pesticide discharge to protect the water quality, environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis.
- 9) Water Quality Impaired Waters
Verify that waters within the pest management area are either not impaired by substances which are either active ingredients in the pesticide planned for use or degradates of such active ingredients, OR that evidence shows that the target waters in question are no longer impaired. See Part 1.1.2.1 of the permit for more information on discharges to Water Quality Impaired Waters.
- 10) Pest Evaluation
 - a. Identify the target pest(s) and provide a brief description of why pest control is needed.
 - b. Provide a brief description of any Integrated Pest Management (IPM) measure(s) implemented before pesticide application. For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.
- 11) Pesticide Application Start and End Dates
- 12) Name of each pesticide product used and the active ingredient therein, EPA Registration number, quantity of pesticide applied(as packaged or as formulated, in ounces, gallons or pounds) and method of application.
- 13) Indicate if visual monitoring was conducted during the pesticide application and/or post-application.
If visual monitoring was not performed, provide a brief description of why visual monitoring was not conducted.
- 14) Indicate if there were any adverse effects identified during visual monitoring. Provide a brief description.

INSTRUCTIONS Part 2

Who Must File a COMPLIANCE CERTIFICATION with the Division?

Any Operator meeting the eligibility requirements identified in Part 1.1 of the permit and Table 1 below must submit a complete and accurate Compliance Certification. As required in the permit, only certain Operators that are also Decision-makers must submit Compliance Certifications.

Table 1. Decision-Makers Required to Submit Compliance Certifications

| Permit Part/ Pesticide Use | Which Decision-Makers Must Submit Compliance Certifications? | For Which Pesticide Application Activities? |
|--|--|---|
| All four use patterns identified in Part 1.1.1 | Any Decision-maker with an eligible discharge to an Outstanding Water consistent with Part 1.1.2.2 | Activities resulting in a discharge to an Outstanding Water |
| 1.1.1(a) - Mosquito and Other Flying Insect Pest Control | Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations. | All activities resulting in a discharge for which the State agency is responsible for pest control |
| | Mosquito control districts, or similar pest control districts | All activities resulting in a discharge for which the Decision-maker is responsible for pest control |
| | Local governments or other entities that exceed the annual treatment area threshold identified here | Adulticide treatment if more than 6,400 acres during a calendar year |
| 1.1.1(b) - Weed and Algae Pest Control | Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations. | All activities resulting in a discharge for which the Federal or State agency is responsible for pest control |
| | Irrigation and weed control districts, or similar pest control districts | All activities resulting in a discharge for which the Decision-maker is responsible for pest control |
| | Local governments or other entities that exceed the annual treatment area threshold identified here | Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area) |
| 1.1.1(c) - Animal Pest Control | Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations. | All activities resulting in a discharge for which the Federal or State agency is responsible for pest control |
| | Local governments or other entities that exceed the annual treatment area threshold identified here | Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area) |
| 1.1.1(d) - Forest Canopy Pest Control | Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations. | All activities resulting in a discharge for which the Federal or State agency is responsible for pest control |
| | Local governments or other entities that exceed the annual treatment area threshold identified here | Treatment if more than 6,400 acres during a calendar year |

If you have questions about whether you need to file a Compliance Certification or about completing this form, Contact the Division at 303-692-3517.

One Compliance Certification can be submitted for multiple pest management areas for which you are seeking permit coverage.

When to File the Compliance Certification Form:

Do not file your Compliance Certification until you have obtained and thoroughly read a copy of the permit. A copy of the permit is on the Division's website www.coloradowaterpermits.com. The permit describes procedures to ensure your eligibility, prepare your Pesticide Discharge Management Plan (PDMP, if necessary), and complete the Compliance Certification form questions—all of which must be done before you sign the certification statement on page 2 attesting to the accuracy and completeness of your Certification. You will also need a copy of the permit once you have obtained coverage so that you can comply with the implementation requirements of the permit. Note: The PDMP is not required for any application made in response to a Declared Pest Emergency Situation, as defined in Appendix A of the permit.

All eligible discharges are authorized for permit coverage. For any discharges after January 12, 2012, Decision-makers meeting the eligibility requirements identified in the Part 1.1 of the permit and Table 1 must submit a complete and accurate Compliance Certification according to Tables 2, and 3 and consistent with the requirements of the Part 1.2 of the permit.

INSTRUCTIONS Part 2

Table 2. Compliance Certification Submittal Deadlines and Discharge Authorization Dates for Discharges from the Application of Pesticides

| <i>After June 30, 2013, any eligible discharge for which a Compliance Certification is required must submit the Compliance Certification consistent with the earliest due date identified below. Compliance Certification due dates for any discharges occurring on or after June 30, 2013 are as follows:</i> | | |
|--|---|--|
| Operator Type | Compliance Certification Submission Deadline | Discharges Authorization Date ¹ |
| Any Decision-maker with a response to a Declared Pest Emergency which triggers a Compliance certification requirement | At least 30 days after beginning the discharges | Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation. |
| Any Decision-maker that exceeds any annual treatment threshold | At least 10 days before exceeding an annual treatment area threshold. | No earlier than 10 days after the State receives the complete and accurate Compliance Certification. |
| Any Decision-maker otherwise required to submit a Compliance Certification as identified in Table 1. | At least 10 days before any discharge for which a Compliance Certification is required. | No earlier than 10 days after the State receives the complete and accurate Compliance Certification. |

¹ On the basis of a review of a Compliance Certification or other information, the State may delay authorization to discharge beyond any timeframe identified in Table 2, determine that additional technology-based and/or water quality-based effluent limitations or other conditions are necessary, or deny coverage under this permit and require submission of an application for an individual CDPS permit, as detailed in Part 1.3 of the permit.

Table 3 – Compliance Certification Change of Information Submittal Deadlines and Discharge Authorization Dates

| Operator Type | Compliance Certification Submission Deadline | Discharge Authorization Date |
|--|---|---|
| Any Decision-maker requiring permit coverage for a pest management area not identified on a previously submitted Compliance Certification for this permit, except for discharges to any (1) Outstanding Water. Except for such waters, changes other than identification of a new pest management area or a new pesticide use pattern do not require a revised Compliance Certification submittal. | At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge | No earlier than 10 days after Division Receives a complete and accurate Compliance Certification unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation. |
| Any Decision-maker discharging to an Outstanding water not identified by name on a previously submitted Compliance Certification for this permit. | At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge. | No earlier than 10 days after Division Receives a complete and accurate Compliance Certification unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation. |

Where to File the Compliance Certification Form:

Colorado Department of Public Health and Environment
 Water Quality Control Division
 4300 Cherry Creek Drive South
 WQCD-P-B2
 Denver, Colorado 80246-1530