



ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
1400 COLISEUM BLVD MONTGOMERY, AL 36110
PESTICIDE DISCHARGE VISUAL MONITORING FOR THE
PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE
APPLICATION OF PESTICIDES

This worksheet is for any Operator who is required to submit a Notice of Intent (NOI) for coverage under the ADEM Pesticide General Permit (PGP).

A. General Information

1. Operator Name: _____
2. NPDES Permit Number: _____
3. Worksheet Preparer Name: _____
4. Pest Management Area: # _____ of ## _____
5. Pest Management Area Name: _____
6. Indicate the pesticide use pattern for the pest management area:
 - a. ☐ Mosquito and Other Flying Insect Pests
 - b. ☐ Weed and Algae Pests
 - c. ☐ Animal Pests
 - d. ☐ Forest Canopy Pests
7. For each treatment area (use additional pages for each treatment area):
 - a. Provide a description of the treatment area within this pest management area, including location description:

 - b. Size of treatment area (in acres or linear feet): acres _____ or linear feet _____.
 - c. Name or location of any waters of the United States to which discharges occurred:

B. Pest Evaluation

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

2. Describe Pest Management Measure(s) implemented before the first pesticide application:

C. Pesticide Application

1. Name and contact information for pesticide Applicator(s):
Company Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____
Phone: _____
E-mail: _____

2. Pesticide application start date: ____/____/____

Pesticide application end date: ____/____/____

3. Name of each pesticide product used, quantity of pesticide applied, and the application method used. (as packaged or as formulated):
Circle lbs or gallons.

Product Name _____	Product Name _____	Product Name _____
Quantity (lbs or gallons) _____	Quantity (lbs or gallons) _____	Quantity (lbs or gallons) _____
Application method: _____	Application method: _____	Application method: _____

4. Was visual monitoring conducted during pesticide application and/or post-application? If visual monitoring was conducted, the record must include the date, time, and location where visual monitoring was conducted. ☐ Yes. ☐ No. If no, describe why not?

5. Were any adverse effects identified during visual monitoring? ☐ Yes. ☐ No. If yes, describe.

D. Post-Application Monitoring

1. Was post-application monitoring conducted? ☐ Yes ☐ No

If no, explain why.

Date of post-application monitoring (mm/dd/yyyy) _____

2. Were any adverse effects identified during the post-application monitoring? ☐ Yes ☐ No

If yes, describe.

E. Certification

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 contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for recording false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: _____

Title: _____

E-Mail: _____

Signature/Responsible Official: _____ Date: _____

Pesticide Discharge Evaluation Worksheet Preparer (Complete if worksheet was prepared by someone other than the certifier)

Preparer Name : _____

Organization : _____

Phone: _____ Date: _____

E-Mail : _____