

## 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  
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Located in Ojeninglo, Colorado  
http://www.cdpha.state.co.usLaboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6926  
(303) 692-3090Colorado Department  
of Public Health  
and Environment

## CDPS COMPLIANCE CERTIFICATION FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000

PHOTO COPIES, FAXED COPIES, PDF COPIES, or EMAILED COPIES WILL NOT BE ACCEPTED

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 8.2 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.

For discharges authorized under this permit beginning on the effective date of this permit through June 30, 2013, Compliance Certifications are due to be received by the Division no later than July 1, 2013. The Division recommends that Compliance Certifications be submitted no sooner than April 1, 2013 to minimize need to submit changes of information. Submit forms to:

Colorado Department of Public Health and Environment  
Water Quality Control Division  
4300 Cherry Creek Drive South  
WQCD-P-82  
Denver, Colorado 80246-1530

## COMPLIANCE CERTIFICATION

## A. Notice of Status

1. Mark whether this is the first time you are certifying compliance under the Pesticide General Permit or if this is a change of information for a discharge already certified under the Pesticide General Permit. If this is a change of information, supply the Operator Name for the discharge.

- a.
- 
- Original Compliance Certification
- 
- b.
- 
- Compliance Certification Change of Information: Operator Name \_\_\_\_\_

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

## B. Operator information

1. Is the Operator 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 B1, you are required to develop a Pesticide Discharge Management Plan (PDMP) reflecting all pesticide uses for which you are requesting permit coverage.

## 2. Operator (Decision Maker) Legal Contact Address and Contact Information

Company Name Mesa County  
First Name Steven Last Name Acquafresca  
Title County Commissioner Board Chairman  
Mailing Address 844 Rood Ave., P.O. Box 20000  
City, State and Zip Code Grand Junction, CO 81502-5010  
Phone (970) 244-1604 Fax (970) 244-1630 Cell \_\_\_\_\_  
E-mail Address steve.acquafresca@mesacounty.us

## 3. 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: \_\_\_\_\_

4. Facility Contact  same as applicantCompany Name Mesa County, Division of Pest Management  
Mailing Address Department # 6087, P.O. Box 20000  
City, State and Zip Code Grand Junction, CO 81502-5001  
First Name Melissa Last Name Werkmeister  
Title Weed & Pest Coordinator  
Phone (970) 255-7121 Fax (970) 244-1700 Cell (970) 210-0308  
E-mail Address melissa.werkmeister@mesacounty.us



**CDPS COMPLIANCE CERTIFICATION FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000**

**Additional Operator Information if applicable:**

**5. 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 \_\_\_\_\_

**6. 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. CERTIFICATION REQUIRED SIGNATURE**

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

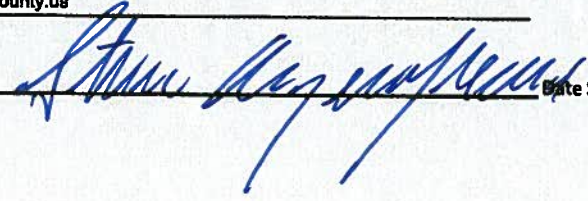
- a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in this form originates.
- b) In 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) Steven Acquafresca

Certifier Title County Commissioner Board Chairman

Certifier Email steve.acquafresca@mesacounty.us

Certifier Signature/Responsible Official:  Date Signed 8-12-2013



**Complete and Attach Pages 3 and 3A for Each Pest Management Area**  
**(Reporting period November 2011 through June 2013. Reporting for June 2013 totals may be estimated)**

**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 # 1 of 4 (e.g. 1 of 5), please attach additional pages as needed if you are certifying multiple areas.
2. Pest Management Area Name: Riparian  
Street Address, if applicable (or cross streets) \_\_\_\_\_  
City \_\_\_\_\_ Colorado Zip Code \_\_\_\_\_  
County Mesa
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 826,928 Acres or \_\_\_\_\_ Linear Feet
5. Contact Information for pesticide applicator  Same as Operator listed In Item 1  
Company Name Mesa County, Division of Pest Management  
First Name Melissa Last Name Werkmeister  
Title Weed & Pest Coordinator  
Mailing Address Dept. 5087; P.O. Box 20000  
City, State and Zip Code Grand Junction, CO 81502  
Phone \_\_\_\_\_ Fax (970) 244-1700 Cell (970) 210-0308  
E-mail Address melissa.werkmeister@mesacounty.us
6. Pesticide Use Patterns to be included in this Pest Management Area (Check all that apply)  
 Mosquito and Other Flying Insect Pest Control  Forest Canopy Pest Control  
 Animal Pest Control  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) \_\_\_\_\_  
Provide rationale for determination that pesticide discharges is 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\*

Pest targets include the following noxious weeds: Purple loosestrife, Perennial pepperweed, Hoary cress, thistles (musk, bull, Scotch and Canada), knapweeds (Russian, diffuse and spotted), Leafy spurge, Oxeye daisy, Dalmatian toadflax, Tamarisk, Houndstongue, Puncturevine, Yellow starthistle, Chinese clematis and Giant reed grass. Eradication or control are required by law by the Colorado Department of Agriculture under the Noxious Weed Act.

\*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.\*

Biological controls have been established in areas for Dalmatian toadflax, Musk thistle and Tamarisk. Biological controls are being established in spring 2013 for Russian knapweed and Canada thistle. Noxious weeds designated by the state of Colorado for eradication do not allow for the use of biological controls.

Thistles and starthistle and Puncturevines are hand dug, and bagged for disposal if seed is developed. All other species are perennial and require herbicide control, as well as prevention through landowner education programs.

\*Please attach additional pages as necessary

11. Pesticide Application Start Date June 12, 2012 Pesticide End Start Date June 28, 2013

2. 12. Name of each pesticide product used, EPA Registration number and total quantity of pesticide applied (as packaged or as formulated) for each treatment area.\*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)			Application method e.g., fixed wing aircraft, backpack sprayer
Aqua Neat	228-365	lb	0.5	Gal	backpack sprayer
Rodeo	62719-324	lb	0.5	Gal	backpack sprayer
Polaris	228-534	lb	0.25	Gal	backpack sprayer
Plateau	241-365	lb	0.75	Gal	backpack sprayer
Milestone	62719-519	lb	0.25	Gal	backpack sprayer

\*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



**Complete and Attach Pages 3 and 3A for Each Pest Management Area**  
**(Reporting period November 2011 through June 2013. Reporting for June 2013 totals may be estimated)**

**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 # 2 of ## 4 (e.g. 1 of 5), please attach additional pages as needed if you are certifying multiple areas.
2. Pest Management Area Name: Mesa County Roadside Weed Control Contract  
Street Address, if applicable (or cross streets) \_\_\_\_\_  
City \_\_\_\_\_ Colorado Zip Code \_\_\_\_\_  
County Mesa
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 1,088 Acres or \_\_\_\_\_ Linear Feet
5. Contact information for pesticide applicator  Same as Operator listed in Item 1  
Company Name Horizon Vegetation Management, Inc.  
First Name Mark Last Name Wright  
Title President  
Mailing Address 4400 Harback Road;  
City, State and Zip Code Bennett, CO 80102  
Phone \_\_\_\_\_ Fax (303)844-4380 Cell (303)418-6332  
E-mail Address hvmgmt@aol.com
6. Pesticide Use Patterns to be included in this Pest Management Area (Check all that apply)  
 Mosquito and Other Flying Insect Pest Control  Forest Canopy Pest Control  
 Animal Pest Control  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) \_\_\_\_\_  
Provide rationale for determination that pesticide discharges is 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\*

Noxious weeds such as thistles (Bull, Musk, Canada and Plumless), Houndstongue, Knapweeds (Russian, Spotted and Diffuse), Common tansy, Whitetop, Perennial pepperweed, Dalmatian toadflax, Scintless chamomile, Puncturevine and Syrian bean caper are required by the Colorado Noxious Weed Act and Colorado Dept. of Agriculture to be controlled or eradicated at least 15 feet along roadsides and waterways. General weeds are controlled to improve motorist's visibility and safety along roadsides. Bare ground weed control is generally around guardrails and on open range, to prevent cattle from congregating and grazing along the roadsides.

\*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.\*

Roadsides are sprayed initially by truck. If biennial thistles are missed, then we pull them. We do not have the manpower to hand pull 1,086 acres of roadside weeds.

\*Please attach additional pages as necessary

11. Pesticide Application Start Date May 14, 2012 Pesticide End Start Date June 28, 2013

12. Name of each pesticide product used, EPA Registration number and total quantity of pesticide applied (as packaged or as formulated) for each treatment area.\*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)			Application method e.g., fixed wing aircraft, backpack sprayer
Pendulum	241-341	lb	81.2	Gal	spray truck
Milestone	62719-519	lb	3.8	Gal	spray truck
Telar	352-654	lb	1	Gal	spray truck
Vista	62719-586	lb	54	Gal	spray truck
Picloram	42750-79-81927	lb	1.25	Gal	spray truck

\*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



**Complete and Attach Pages 3 and 3A for Each Pest Management Area**  
**(Reporting period November 2011 through June 2013. Reporting for June 2013 totals may be estimated)**

**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 # 3 of ## 4 (e.g. 1 of 5), please attach additional pages as needed if you are certifying multiple areas.
2. Pest Management Area Name: Parks & Landscapes  
 Street Address, if applicable (or cross streets) various  
 City Grand Junction Colorado Zip Code \_\_\_\_\_  
 County Mesa
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 150 Acres or \_\_\_\_\_ Linear Feet
5. Contact information for pesticide applicator  Same as Operator listed in Item 1  
 Company Name Mesa County Parks & Landscapes  
 First Name Travis Last Name Haldeman  
 Title Crew Lead  
 Mailing Address P.O. Box 20000  
 City, State and Zip Code Grand Junction, CO 81502  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell (970) 988-0092  
 E-mail Address Travis.Haldeman@mesacounty.us

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

- Mosquito and Other Flying Insect Pest Control       Forest Canopy Pest Control  
 Animal Pest Control       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) \_\_\_\_\_

Provide rationale for determination that pesticide discharges is 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\*

Target pests are general broadleaf and grass weeds in county park fields, lawns, nature park trail sides and landscapes. Pest control is necessary to maintain parks, fields, lawns, and landscapes' appearance and function.

\*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.\*

Some weeds are pulled or mowed. Seeding, water and fertilizer may also be used to culturally provide competition to weeds from more desirable plant species.

\*Please attach additional pages as necessary

11. Pesticide Application Start Date March 1, 2012 Pesticide End Start Date June 30, 2013

12. Name of each pesticide product used, EPA Registration number and total quantity of pesticide applied (as packaged or as formulated) for each treatment area.\*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)			Application method e.g., fixed wing aircraft, backpack sprayer
Roundup Ultra-Glyphosate	524-475	lb	30	Gal	backpack, handheld and UTV sprayers
2,4-D Amine	38167-17	lb	15	Gal	backpack, handheld and UTV sprayers
Trimec Classic	2217-543	lb	2.5	Gal	backpack, handheld and UTV sprayers
		lb		Gal	
		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





10. Pest Evaluation

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

Pest targets include the following noxious weeds: Perennial pepperweed, Hoary cress, thistles (musk, bull, Scotch and Canada), knapweeds (Russian, diffuse and spotted), Spurge (Leafy, Cypress and Myrtle), Oxeye daisy, Dalmatian toadflax, Tamarisk, Houndstongue, Puncturevine, Yellow starthistle, Chinese clematis and Giant reed grass. Eradication or control are required by law by the Colorado Department of Agriculture under the Noxious Weed Act.

\*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.\*

Biological controls have been established in areas for Dalmatian toadflax, Musk thistle and Tamarisk. Biological controls are being established in spring 2013 for Russian knapweed and Canada thistle. Noxious weeds designated by the state of Colorado for eradication do not allow for the use of bio-controls.

Thistles (other than Canada thistle), Yellow starthistle, Puncturevine, Myrtle spurge and Cypress spurge are hand dug and bagged for disposal if seed is developed. Small infestations of Diffuse and spotted knapweed are also dug. All other species are either perennial and require herbicide control, or are too big to dig. Prevention is through landowner education programs.

\*Please attach additional pages as necessary

11. Pesticide Application Start Date 6/12/2012 Pesticide End Start Date 6/28/2013

12. Name of each pesticide product used, EPA Registration number and total quantity of pesticide applied (as packaged or as formulated) for each treatment area.\*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)			Application method e.g., fixed wing aircraft, backpack sprayer
		lb	Gal	OR	
Escort	352-439	0.04	Gal		backpack sprayer
Transline	62719-259	0.25	Gal		backpack sprayer
Clarity	7969-137	0.25	Gal		backpack sprayer
Tordon 22K	62719-6	0.12	Gal		backpack sprayer
Amine 2,4-D	34704-120	0.25	Gal		backpack sprayer

\*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





10. Pest Evaluation

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

Pest targets include the following noxious weeds: Perennial pepperweed, Hoary cress, thistles (musk, bull, Scotch and Canada), knapweeds (Russian, diffuse and spotted), Spurges (Leafy, Cypress and Myrtle), Oxeye daisy, Dalmatian toadflax, Tamarisk, Houndstongue, Puncturevine, Yellow starthistle, Chinese clematis and Giant reed grass. Eradication or control are required by law by the Colorado Department of Agriculture under the Noxious Weed Act.

\*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.\*

Biological controls have been established in areas for Dalmatian toadflax, Musk thistle and Tamarisk. Biological controls are being established in spring 2013 for Russian knapweed and Canada thistle. Noxious weeds designated by the state of Colorado for eradication do not allow for the use of bio-controls. Thistles (other than Canada thistle), Yellow starthistle, Puncturevine, Myrtle spurge and Cypress spurge are hand dug and bagged for disposal if seed is developed. Small infestations of Diffuse and spotted knapweed are also dug. All other species are either perennial and require herbicide control, or are too big to dig. Prevention is through landowner education programs.

\*Please attach additional pages as necessary

11. Pesticide Application Start Date 6/12/2012 Pesticide End Start Date 6/28/2013

12. Name of each pesticide product used, EPA Registration number and total quantity of pesticide applied (as packaged or as formulated) for each treatment area.\*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)			Application method e.g., fixed wing aircraft, backpack sprayer
Milestone	62719-519	lb	0.25	Gal	backpack sprayer
Plateau	241-365	lb	0.25	Gal	backpack sprayer
Curtail	62719-48	lb	0.25	Gal	backpack sprayer
		lb		Gal	
		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** indicate if this is the first time you are requesting coverage under the permit for these discharges. 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 submitted. For additional details regarding a change of information, see Table 3. Also fill out item 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. 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 this application for at least 3 years from the date that coverage is granted under the permit or until the permit expires or is terminated).
2. 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
3. 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 brief description of type of Operator in the space provided  
**Additional Operator information, if applicable:**
4. Provide the Facility mailing address, telephone number(s) and email address.
5. Provide the Authorized Reporting Agent (DMR Cognizant Official) contact information
6. 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. For more information about the certification statement and signature, see Appendix B of the permit. (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.

#### D. Pest Management Area: Information for each Pest Management Area for which coverage under the State's Pesticide General Permit 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 number of the area 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.

## INSTRUCTIONS Part 2

### 7) Receiving Waters

Indicate if permit coverage is being requested for all Waters of 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/nodes/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.

a. Provide a brief description of any Pest Management 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, EPA Registration number and Quantity of pesticide applied (as packaged or as formulated)

1. Provide the company name and contact information of the pesticide applicator.

2. Enter the date that the pesticide application began and ended.

3. Enter the name of each pesticide product used including the EPA Registration Number, the quantity of pesticide applied, and the method used to apply the pesticide (e.g., fixed wing aircraft, backpack sprayer).

### 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](http://www.coloradowaterpermits.com). The permit describes procedures to ensure your eligibility, prepare your Pesticide Discharge Management Plan (PDMP), 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.