



**WATER  
PROTECTION  
BUREAU**

|                  |
|------------------|
| Agency Use       |
| Date Rec'd _____ |
| Rec'd By _____   |

**FORM  
AR3**

**Pesticides Annual Report Form for Tier II Facilities**

This form is to be completed by all Tier II ("greater than threshold") owners/operators authorized under the Pesticide General Permit. Please read the attached instructions before completing this form. **This reporting form must be completed, signed, and submitted to DEQ postmarked by the 28<sup>th</sup> day of January of each year.**

**Section A - Permittee (Owner/Operator) Information:**

**NOI Number: M T G 8 7**    \_\_\_ \_\_\_ \_\_\_ \_\_\_

Owner /Operator Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_ e-mail (*optional*) \_\_\_\_\_

**Section B - CERTIFICATION**

**Certification Information:** This form must be certified by either the NOI signatory or a duly authorized representative.

**All Permittees Must Complete the Following 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. Based on my inquiry of the 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.

|                                 |                       |
|---------------------------------|-----------------------|
| <b>A. Name (Type or Print)</b>  |                       |
| <b>B. Title (Type or Print)</b> | <b>C. Phone No.</b>   |
| <b>D. Signature</b>             | <b>E. Date Signed</b> |

Department of Environmental Quality - Water Protection Bureau  
PO Box 200901  
Helena, MT 59620-0901



| <b>Section E - Summary of Pesticide Application Equipment</b> |  |   |                                   |   |
|---|--|---|-----------------------------------|---|
| Applicator Name<br>(Company or Licensed Applicator)           | <b>Pesticide Application Equipment</b> |   |                                   |   |
|   | Equipment Type/<br>Description         | Inspection/<br>Repair Date<br>(Most Recent) | Calibration Date<br>(Most Recent) | In Accordance with PDMP?<br>(Y / N - summary) |
|   |  |   |                                   |   |
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| <b>Section F - Summary of Pesticide Application Visual Monitoring and Adverse Impacts</b> |     |                        |  |
|---|-----|------------------------|--|
|   | Y/N | Responsible Party(ies) | Comments / Summary of Corrective Actions |
| <b><i>Pre-Application Monitoring</i></b>  |     |                        |  |
| Was pre-application monitoring conducted in accordance with the PDMP?                     |     |                        |  |
| Did this include verification of pesticide application rate and frequency?                |     |                        |  |
| Did this include visual pest monitoring?  |     |                        |  |
| <b><i>Assessment of Environmental Conditions</i></b>                                      |     |                        |  |
| Was an assessment of environmental conditions conducted in accordance with the PDMP?      |     |                        |  |
| <b><i>During and Post-Application Monitoring</i></b>                                      |     |                        |  |
| Was post-application monitoring conducted in accordance with the PDMP?                    |     |                        |  |
| Were adverse conditions observed?   |     |                        |  |
| Were spills or leaks observed?  |     |                        |  |