

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

PDMP Preparation Date:

___/___/_____

[Provide background on any other document that forms part or all of the PDMP – example Integrated Pest Management Plan, Weed Control Plan, Mosquito Control Plan, Environmental Assessment, and explain how to get a copy.]

a. Pest Management Team.

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

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

Area of Control (if more than one Operator at site): Insert area of control

Repeat as necessary

3. **PDMP Prepared by:** *Person(s) responsible for developing and revising the PDMP, if different than above.*

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

4. Please include any additional team members and their responsibilities.

Team Member Name(s)

Individual 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]

b. Description of Pest Problem

1. 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.

Summary of Pest Problem(s)

Target Pest(s) <i>Note: Use common name</i>	Source of the pest problem	Data Source <i>(e.g. survey conducted in 2010)</i>
1. [Repeat as necessary]	[Repeat as necessary]	[Repeat as necessary]
2. [Repeat as necessary]	[Repeat as necessary]	[Repeat as necessary]

2. Provide a brief description of the pest problem(s).

Insert text here

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

The following is a description of 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.

Summary of Action Threshold(s)

Target Pests	Action Thresholds
1. [Repeat as necessary]	[Repeat as necessary]
2. [Repeat as necessary]	[Repeat as necessary]

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

Target Pest 1. Insert text here

Pest Management Objective: 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

5. Include a copy of the general location map(s) for this facility in **Attachment A**.

Provide a general location map (e.g., U.S. Geological Survey (USGS) quadrangle map) that identifies the geographic boundaries of the area(s) to which the plan applies and location of the impacted receiving waters (state surface waters). 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.

c. Description of control measures:

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) for each target pest.*

Target Pest 1: 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.*

Target Pest 1: [Insert text here](#)

Pest Management Measures: [Insert text here](#)

Repeat as necessary

d. Planning

1. Pesticide application equipment preventative maintenance program

EQUIPMENT: Insert Name

Person responsible for PM on this equipment: Insert Name

Frequency: **INSERT FREQUENCY**

Repeat as necessary

All components associated with pesticide application equipment will be maintained in proper working order according to manufacturer recommendations or more frequently, as needed, prior to treatments. Equipment will be monitored for performance during application to ensure components are operating as required.

Equipment will be thoroughly washed down in the treatment area upon completion of treatments, with remnant pesticide used or stored for proper disposal.

This procedure will be reviewed and/or updated annually.

2. Pesticide application equipment calibration

EQUIPMENT: Insert Name

Person responsible for Calibration: Insert Name

Frequency: **INSERT FREQUENCY, Dates**

Repeat as necessary

Calibration will be carried out through **<REFERENCE DOCUMENTS>**

Records will be maintained by Insert Name

3. Pesticide application rate & frequency:

Part C.2 lists pesticides chosen for Target Pests. For each, describe the person responsible for ensuring the pesticide use is 'per the label.'

Target Pest 1: [Insert text here](#)

Name of person responsible for application frequency & concentration: [Insert text here](#)

Pesticide concentration:

Pesticide Frequency:

Repeat as necessary

4. Assessment of environmental conditions:

Person responsible for Pre-application Assessment: Insert Name

Environmental Factors: **LIST**

Factors to be used include any environmental factors outlined on the herbicide label, existing or projected water flow and depth, weather forecasts, wind speed and any other site specific environmental factors that may exist.

Assessment records will be maintained by Insert Name

Repeat as necessary

5. Pre-application pest monitoring *(if necessary):*

Name of person responsible: Insert text here

Assessment method:

Repeat as necessary

6. Post-application monitoring *(if necessary):*

The goal of this task is to quantitatively assess effectiveness of pesticide applications for control of Target Pest 1.

Name of person responsible: Insert text here

Assessment method:

Post-treatment plant community evaluations will be conducted at a minimum weeks after treatment.

Repeat as necessary

e. Adverse Incident Response Procedures:

An “Adverse Incident” means an incident that you have observed upon inspection or of which you otherwise become are, in which:

- (1) A person or non-target organism may have been exposed to a pesticide residue, and
- (2) The person or organism suffered a toxic or adverse effect.

The phrase “toxic or adverse effects” includes effects that occur within the state surface waters on non-target plants, fish or wildlife that are unusual or unexpected (e.g. effects are to organisms not otherwise described on the pesticide label or otherwise not expected to be present) as a result of exposure to a pesticide residue. The phrase, “toxic or adverse effects”, also includes any adverse effects to humans (e.g. skin rashes) or domesticated animals that occur either directly or indirectly from discharge to state surface waters that are temporarily and spatially related to exposure to pesticide residues (e.g., vomiting, lethargy).

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

[Insert text here](#)

Records of all visual inspections conducted at sites where an adverse incident is suspected, even for situations that do not require reporting to the Department, will be kept on site with the permittee. Observations will be noted unless they are deemed not to be aberrant.

2. *Document your procedure 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](#)

As per Part II.E.3. of the General Permit, Insert Name will perform certain activities in response to a suspected adverse incident, including providing oral notice to the Department at (406) 444-3080 within 24 hours and then follow-up with a written report within five days of becoming aware of an adverse incident at the following address:

Montana Department of Environmental Quality
Water Protection Bureau
P. O. Box 200901
Helena, Montana 59620-0901

f. Spill Containment and Response Procedures:

1. Spill Containment

Document the procedure for expeditiously stopping, containing, and cleaning up leaks, spills, and other releases to state surface waters. 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](#)

2. Spill notification

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

[Insert text here](#)

PDMP Plan Signature Requirements

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.

Updates:

- You must modify your PDMP whenever necessary to address any of the triggering conditions for corrective action or when a change in pest control activities significantly changes the type or quantity of pollutants discharged.
- You should include significant changes in the activities or their timing on the project, changes in personnel, updates to site maps, and so on.

ATTACHMENTS

Attach the following documentation to the PDMP:

Attachment A – General Location Map

Attachment B – Pesticide General Permit (or reference electronic copy access)

Attachment C – NOI and Acknowledgement Letter from Montana DEQ

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 (or reference electronic access)

Attachment C – NOI and Acknowledgement Letter from Montana DEQ

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

Date	Description of Problem triggering the Corrective Action	Corrective Action Needed (including planned date/responsible person)	Date Action Taken/Responsible Person

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 Montana state surface waters 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 Part V.G.2 of Montana’s Pesticide General Permit (PGP), and that the designee above meets the definition of a “duly authorized representative”.

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 – Maintained by **NAME**
- Records as required in PGP Part II.D. – Maintained by **NAME**

Check your permit for additional details