





**D. 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 gathered and evaluated 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.

Printed Name:

Title:

E-Mail:

Signature/Responsible Official: \_\_\_\_\_ Date:  /  /

**Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)**

Preparer Name:

Organization:

Phone:  -  -  Ext  Date:  /  /

E-Mail:



## Instructions for Completing the Annual Report Form AEMS102 for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides in Oklahoma

### Who Must File an Annual Report with ODAFF?

Any Operator that is a Decision-maker required to submit a Notice of Intent (NOI) and is a large entity as defined in Appendix A of the permit and any Decision-maker required to submit an NOI solely because their application results in a discharge to Waters of the United States containing NMFS Listed Resources of Concern, must submit an annual report to ODAFF each calendar year. Once required to submit an annual report for one year, an annual report must be filed each subsequent year of this permit whether or not you have discharges from the application of pesticides in accordance with Section 7.6 of the permit.

Decision-maker that is not required to submit annual report as specified in Sections 7.6 and 7.7 of the PGP shall submit a completed Annual Report Exemption Form.

### When to File an Annual Report?

Any Operator required to file an annual report must submit the annual report no later than February 15 of the following year for all pesticide activities covered under this permit occurring during the previous calendar year. If the Operator is required to submit an NOI based on an annual treatment area threshold, the annual report must include information for the calendar year, with the first annual report required to include activities for the portion of the calendar year after the point at which the Operator exceeded the annual treatment area threshold. If the Operator first exceeds an annual treatment area threshold after December 1 in a calendar year, an annual report is not required for that first partial year but annual reports are required thereafter, with the first annual report submitted also including information from the first partial year.

When Operator terminates permit coverage, as specified in Part 1.2.5 of the permit, an annual report must be submitted for the portion of the year up through the date of termination. The annual report is due no later than February 15 of the following year.

### Where to File the Annual Report?

The Operator must prepare and submit either the PGP Annual Report or the PGP Annual Report Exemption form to the address listed below.

Oklahoma Department of Agriculture, Food, and Forestry  
Agricultural Environmental Management Services Division (AEMS)  
P.O. Box 528804  
Oklahoma City, OK 73152

If you have questions, contact ODAFF at (405) 522-5974.

### Completing the Annual Report Form

To complete this form, type or print in uppercase letters in the appropriate areas only. 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.

#### Section A. General Information

1. Enter your permit number that begins with OKG87A. (Example: OKG87A001)
2. Provide the legal name of the person, firm, public organization or any other public entity who is the Decision-maker for the pesticide applications described in this report. 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 United States.
3. Enter the address, telephone number, and fax number of the Operator.
4. Provide the full legal name, title and e-mail address of a contact person for the Annual Report.

#### Section B. Adverse Incidents and Corrective Actions

1. Identify if an adverse incident was observed and corrective actions were taken for any Pest Management Area for which you have coverage under the permit. If no, proceed to Section C. If yes, complete Section B for each Pest Management Area for which an adverse incident was observed or corrective action was taken.
2. Enter the name of the Pest Management Area.

3. If applicable, enter the date of any adverse incidents resulting from the treatments, as described in Part 6.4 of the permit. Use additional pages if there are multiple dates to be described.
4. Enter the date and time the Operator contacted ODAFF to notify the Agency of the adverse incident, pursuant to Part 6.4.1.1 of the permit.
  - a. Indicate the date of the contact.
  - b. Indicate the time of the contact.
  - c. Indicate who the Operator spoke with at ODAFF.
  - d. Indicate any instructions received from ODAFF.
5. Enter the date that the Thirty (30)-Day Adverse Incident Written Report was submitted, pursuant to Part 6.4.2 of the permit.
6. Provide a description of any corrective action(s) resulting from pesticide application activities and the rationale for the action(s) performed subsequently to or in addition to any actions described in the Thirty (30)-Day Adverse Incident Written Report.

#### Section C. Pest Management Area(s)

Section C should be completed for each Pest Management Area. Indicate which Pest Management Area out of the total number of Pest Management Areas for which the section is being completed (i.e., Pest Management Area 1 of 10 total Pest Management Areas). The operator may use separate sheet(s) to report all of the required information for additional Pest Management Areas, instead of completing page 2 of the AEMS Form 100 for each area.

1. Identify if you had a discharge from pest control activities this calendar year. Check yes if you had a discharge from pest control activities this calendar year. Check no if you had no discharge from pest control activities this calendar year. Note: Checking the no box completes Section C.
2. Select the box for the type of pesticide use pattern for the treatment area (use additional pages for each treatment area).
3. Provide a description of the treatment area.
  - a. Provide a description of the treatment area, including a description of the location.
  - b. Provide the size of the treatment area in acres or linear feet.
  - c. Provide the name or location of any Waters of the United States to which discharges occur.
  - d. Provide a description of the target pest(s).
4. Provide the company name(s), mailing address, a contact person, contact person's title, telephone number and e-mail address for the pesticide applicator(s). If the information is the same as Section A, check the appropriate box and proceed to the next question.
5. Indicate if the pest control activity was addressed in your PDMP before pesticide application.
6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle whether the quantity applied is in pounds or gallons. Copy and attach additional pages, as necessary.

#### Section D. 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. Federal /State statutes provide for severe penalties for submitting false information. Federal/State rules and regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or

(ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

*For a partnership or sole proprietorship:* by a general partner or the proprietor; or

*For a municipal, state, Federal, or other public facility:* by either a principal executive or ranking elected official.

If the Annual Report was prepared by someone other than the certifier (for example, if the Annual Report was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the Annual Report preparer.