



State of New Jersey
Department of Environmental Protection
New Jersey Pollutant Discharge Elimination System (NJPDES)



INSTRUCTIONS FOR COMPLETING PGP SUPPLEMENTAL FORM

(Pesticide Application Discharge (PGP) – NJ0178217) Discharge to Surface Water (DSW) Permit

A PGP Supplemental Form shall be submitted for any new or renewal PGP NJPDES DSW General Permit. Separate PGP Supplemental Forms shall be submitted for each waterbody requested for authorization under this master general permit. All applicable information must be provided to the Department at least thirty (30) days prior to application via email to pesticidepgp@dep.nj.gov.

Following receiving authorization under this master general permit, a PGP Supplemental Form must be submitted to the Department for each additional waterbody not listed in the initial permit application.

1. **NJPDES Authorization Number:** If this is a new application, leave blank. If this is an existing application, provide your NJPDES Authorization Number that begins with **NJG**.
2. **Operator Identification:** The operator who is responsible for coverage under this general permit and assumes full responsibility for permit compliance. Provide the name and contact information of the operator. If applicable, provide the Operator's Commercial Pesticide Applicator License # certified in Category 5 – Aquatic Pest Control.
3. **For-hire Applicator Identification (if applicable):** If applicable, provide the name and contact information of the for-hire Applicator. Provide the for-hire Applicator's Commercial Pesticide Applicator License # where certification in Category 5 – Aquatic Pest Control is required.
4. **Waterbody Description:** Provide the name and description of the waterbody where the product will be applied. Provide the county and municipality where the waterbody is located. If known, identify if the waterbody is a state-owned lake.
5. **Treatment Area:** (In order to avoid having to resubmit a revised application to include additional areas, you may include all acreage and/or miles within your pest management area, even if those areas do not ultimately receive treatment.)

For calculating annual treatment areas for Mosquitoes and Other Flying Insect Pest Control and Forest Canopy Pest count each pesticide application activity to a treatment area (see Appendix A for the definition) as a separate area treated. For calculating annual treatment area totals, count each pesticide application activity as a separate activity. For example, applying pesticides twice a year to a ten-acre site shall be counted as twenty acres of treatment area. The treatment area is additive over the calendar year.

For calculating annual treatment areas for Aquatic Weed and Algae Control, Animal Pest Control, Aquatic Agricultural Activities, and Utility Transmission and Distribution Line Vegetation Control calculations should include either the linear extent of or the surface area of waters for applications made into, over, or near waters of the State. For calculating annual treatment totals, count each treatment area only once, regardless of the number of pesticide application activities performed on that area in a given year. Also, for linear features (e.g. a canal or ditch), use the length of the linear feature whether treating in or adjacent to the feature, regardless of the number of applications made to that feature during the calendar year. For example, whether treating the bank on one side of a ten-mile-long ditch, banks on both sides of the ditch, and/ or water in that ditch, the total treatment area is ten miles for purposes of determining annual treatment totals. Additionally, if the same 10-mile area is treated more than once in a calendar year, the total area treated is still 10 miles for purposes of comparing with any threshold value.

6. **Pesticide Use Pattern:** Check off all the pesticide use patterns that are applicable to your operation(s).

7. **Pesticide(s):** Provide the Aquatic Pesticide Permit Submittal Summaries for each requested discharge location. Submittal Summaries will only be found once an Aquatic Pesticide Permit has been acquired from the Bureau of Pesticide Control.
8. **Certification of FIFRA Compliance:** Provide certification by the operator by signing the form. The applicant is the operator as defined below:
 - Operator – any entity involved in the application of a pesticide, which results in a discharge to surface waters of the State that meets either of the following two criteria:
 1. The entity has control over the financing for, or the decision to perform pesticide applications that result in discharges, including the ability to modify those decisions; or
 2. The entity has day-to-day control of or performs activities that are necessary to ensure compliance with the permit (e.g., they are authorized to direct workers to carry out activities required by the permit or perform such activities themselves).
9. **Certification of Completion of a Pesticide Discharge Management Plan:** Provide certification by the operator by signing the form.
10. **Certification by the Operator:** Provide certification by the operator by signing the form.



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PGP SUPPLEMENTAL FORM

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Please provide the NJPDES-1 Form and this PGP Supplemental Form to complete an application for authorization for any new or renewal PGP NJPDES DSW General Permit. Separate PGP Supplemental Forms shall be submitted for each waterbody requested for authorization under this master general permit. Provide all applicable information to the Department at least thirty (30) days prior to application via email to pesticidegp@dep.nj.gov.

Contact the Bureau of Surface Water and Pretreatment Permitting at (609) 292-4860 or via email at pesticidegp@dep.nj.gov with any questions.

1. NJPDES General Permit Authorization Number (New Applicants Leave Blank)		
NJG:		
2. Operator Identification		
Operator Name	Commercial Pesticide Applicator License # (if applicable)	
Company Name		
Mailing Address		
City or Town	State	Zip Code
Email	Telephone	
3. For-hire Applicator Identification (if applicable)		
For-hire Applicator Name	Commercial Pesticide Applicator License #	
Company Name		
Mailing Address		
City or Town	State	Zip Code
Email	Telephone	

4. Waterbody Description	
Type(s) (ex. Lake/ Pond/Stream/Wetland)	
Waterbody(ies)	
County(ies)	
Municipality(ies)	
5. Treatment Area	
Total Estimated Treatment Area:	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Acres</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Linear Miles</div>
6. Pesticide Use Pattern(s)	
<p>Choose all patterns to be used (See the Master Pesticide General Permit, Part I, Section B.1.):</p> <p><input type="checkbox"/> Mosquito and Other Flying Insect Pest Control</p> <p><input type="checkbox"/> Aquatic Weed and Algae Control</p> <p><input type="checkbox"/> Aquatic Nuisance Animal Control</p> <p><input type="checkbox"/> Forest Canopy Pest Control</p> <p><input type="checkbox"/> Agricultural Activities in Waters of the State (Aquatic Agricultural Activities)</p> <p><input type="checkbox"/> Utility Transmission and Distribution Line Vegetation Control</p>	
7. Pesticide(s)	
<p>Aquatic Pesticide Submittal Summaries for each discharge location are attached.</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
Number of Summaries Attached:	
8. Certification of FIFRA Compliance	
<p>“I certify under penalty of law that I will apply pesticides in accordance with all other applicable federal, state, local laws and regulations that pertain to the application of pesticides, including but not limited to the following: Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA).”</p>	
Name (Type or Print)	Title (Type or Print)
Operator Signature	Date

9. Certification of Completion of a Pesticide Discharge Management Plan (PDMP):

(This part applies to an Operator that is required to submit an application and is a large entity)

"I certify under penalty of law that I have prepared a written Pesticide Discharge Management Plan (PDMP) to document measures taken to meet the permit requirements of the Pesticide General Permit. The PDMP is kept at the address specified on the application and will be made available to the NJDEP upon request."

Name (Type or Print)

Title (Type or Print)

Operator Signature

Date

10. Certification by the Operator

"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 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 purposely, knowingly, recklessly, or negligently submitting false information."

Name (Type or Print)

Title (Type or Print)

Operator Signature

Date

For _____
NAME OF OPERATOR (Type or Print)

SUBMIT THIS PGP SUPPLEMENTAL FORM ALONG WITH THE NJPDES FORM 1 TO:

pesticidegp@dep.nj.gov

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