

Annual Report Instructions

for the Irrigation System Aquatic Weed NPDES and State Waste Discharge Permit
(2010-2012)

You must submit an annual report every year on February 1st. See condition S11.B for details.

<u>Annual Report:</u>	<u>Due Date:</u>
2010 results	February 1, 2011
2011 results	February 1, 2012
2012 results	February 1, 2013

Annual Report Instructions

Your Permit Number

Enter the permit number. The permit number starts with "WAG – 9910__."

Name of Irrigation District

Enter the name of your irrigation district.

Year

Enter the year for the results you are submitting.

Treatment Site

Enter every treatment site where pesticides are applied.

Pesticide Used

Enter the name of the pesticide used (dipotassium salt of endothall [such as Cascade], alkylamine salt of endothall [such as Teton], copper, acrolein, xylene, sodium carbonate peroxyhydrate, fluridone, or imazapyr). You must specify which formulation of endothall you are using. Even though monitoring is not required for sodium carbonate peroxyhydrate, fluridone, and imazapyr, you are required to report their use.

Date of Treatment

Enter the date of the pesticide treatment.

Time of Treatment

Enter the time the pesticide treatment started. Indicate if the time was am or pm.

Duration of Treatment

The duration is required only when you use acrolein. Enter the duration of the treatment in hours.

Total Pounds or Gallons Applied

Enter the total amount of pesticide used at the treatment site. Include the units (pounds or gallons).

Concentration at Treatment Site

Enter the concentration of the pesticide at the treatment site. Include the units (gal/cfs or ppm).

Flow at Point of Compliance

Enter the flow at the point of compliance in cubic feet per second (CFS). (If you are using acrolein under the Special Local Needs (SLN) label, you also need to provide the flow of the treated water just prior to entering the natural water body. In most cases, this will be the same as the flow at the point of compliance. If they are not the same, enter both flows in the annual report.)

Length of Time Treated Water Held

The length of time is required only when you use acrolein. Enter the length of time the treated water was held before being released into a natural water body. See the acrolein Special Local Needs (SLN) or Section 3 label for more information.

Correction Factor

The correction factor is required only when you use acrolein under the Special Local Needs (SLN) label. See the SLN label for more information.

Flow of Natural Water Body

The flow of the natural water body is required only when you use acrolein under the Special Local Needs (SLN) label. See the table in the acrolein SLN label for more information.

Total Number of Treatments the Year

Sum and enter the total number of treatment you did this year for each pesticide.

Total Amount Applied this Year

Sum and enter the total amount of each pesticide you applied this year. Include the units (pounds or gallons).

Signature Box

The annual report must be properly signed and dated. Only someone with signature authority as identified by permit general condition G2 is authorized to sign the annual report. The annual report will be returned to you if there is any question whether or not the signature is an original or whether that person has authority to sign the report.

Additional Instructions:

If you need more space to list applications, simply add rows to the spreadsheet. If you need more space in a cell, either make the column wider or the row taller. If you want to include addition information, simply insert a column.

Mail Annual Reports to:

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If you have any questions, please contact Andrew Kolosseus at 360-407-7543 or AKOL461@ECY.WA.GOV.